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X21492

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3900

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community 30 years  
years, months or days)

3. (a) PRINT FULL NAME CHARLES MANION 550

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 408-05-1166

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug 29 1899  
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Paducah Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Union Electric

12. Name Rubin Manion

13. Birthplace not known Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret not known

15. Birthplace not known Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Katie Manion

(b) Address 3418 a Bell Ave

17. (a) Burial (b) Date thereof 5-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director J. J. Richards

(b) Address 2625 Glasgow

19. (a) APR 30 1940 (b) J. J. Richards  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3418 a Bell  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1940 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from April 20, 1940, to April 27, 1940;  
that I last saw him alive on April 27, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration 5-6yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. J. Lyman (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*R. Richards*

Licensed Embalmer No. 2928

P. O. Address 2025 Hoag

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**