

NOV 16 1940 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3830 Texas Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3,
year 1940 hour 11:55 minute A. M.
21. I hereby certify that I attended the deceased from September
27, 1940, to October 3, 1940;
that I last saw him alive on October 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemic Heart Disease.
Adverse peritonitis
Due to _____
Septicemia, caused
by chronic nephritis.
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy as above.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

3. (a) PRINT FULL NAME John Manley

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Rebecca 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct. (Month) 7 (Day) 1868 (Year)

8. AGE: Years 71 Months 11 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Day Laborer

11. Industry or business _____

12. Name Miles Manley

13. Birthplace Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Emma McAllister

15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Rebecca Manley

(b) Address 3830 Texas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem

18. (a) Signature of funeral director J. H. Gibbons & Co.

(b) Address 2842 Meramec St.

19. (a) OCT 4 1940 (b) _____ (Date received local registrar) (Registrar's Signature)

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.....

Joseph S. Benz

....., Registered Apprentice No. 218

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec St.

P. O. Address St. Louis, Mo.

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

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