No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41034

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10805

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6220 Northwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs. 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6220 Northwood
(If rural, give location)

0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sidney Manheimer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen K. Manheimer

6. (c) Age of husband or wife if alive 65 yrs. years

7. Birth date of deceased July 4 (Month) (Day) 1873 (Year)

8. AGE: Years 67 Months 5 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Merchant 1

11. Industry or business General 1

MOTHER FATHER
12. Name Joel Manheimer 6
13. Birthplace (City, town, or county) Germany 6 (State or foreign country)

MOTHER FATHER
14. Maiden name Rosalie Maas
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Helen K. Manheimer
(b) Address 6220 Northwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) DEC 30 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1940 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from 10/29, 1931 to Dec. 29, 1940
that I last saw him alive on Dec. 29, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	6 hrs.
Due to	
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death) Hypertension	

Major findings:
Of operations
Of autopsy

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

23. Signature [illegible] (M. D. or other) M. D.
Address 2301 S. Kingshighway Date signed 12/30/40

(Licensed Embalmer's Statement on Reverse Side)

Es helio

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 Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5316 Delmar

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, fact should be so stated above.