

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

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **10817**

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

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: City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 1

3. (a) PRINT FULL NAME Thomas J. Manahan
(b) If veteran, name war None (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 Mary J. Manahan 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept. 26 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation General Contractor

11. Industry or business 5

MOTHER FATHER { 12. Name James Manahan 5
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Margaret Gaffney
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant James Manahan
(b) Address 4127 Gratiot St.

17. (a) Burial (b) Date thereof 12-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wrightshaw Mortuary Co.
(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 30 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County _____
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 4127 Gratiot St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 28th
year 1940 hour 11:50 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis
Chr. interstitial
Ren. Nephritis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 131

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

23. Signature [Signature] (M. D. or other) 5
Address [Signature] Date signed 2/30/40

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.....

Edwin A. McArmer

Licensed Embalmer No. 3024.....

P. O. Address.....

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.