

No. 2
1-13-40
-17-39
X231

MAR 11 1941

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 354

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6718 Olive St. Rd.
(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

3. (a) PRINT FULL NAME John P. Mannion

3. (b) If veteran, name war No 3. (c) Social Security N494-03-2569

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Mannion 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Aug. 11, 1883.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 6 3 hr. min.

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

10. Usual occupation Expressman

11. Industry or business _____

12. Name Timothy Mannion

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

14. Maiden name Don't Know

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

16. (a) Informant Mrs. Florence M. Mannion

(b) Address 6718 Olive St. Road

17. (a) Burial (b) Date thereof Feb. 17/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) FEB 16 1941 (b) W. C. Meyers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6718 Olive St. Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1941 hour 11.05 minute P.M. M.

21. I hereby certify that I attended the deceased from 1/20/37 to 2/14/41, 19____; that I last saw him alive on 2/14/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Coronary occlusion

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 poison) _____
Means of injury _____

23. Signature Richard D. Butler (M. D. or other) P.M.D.
Address 906 Olive St. Date signed 2/15/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

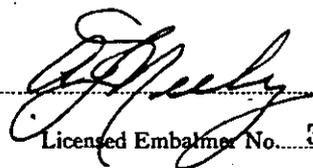
Dr. Richard A. Sutter
Frisco Bldg.,
Ma. 1042 I.L. 00 A.M.

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.....

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.

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.