

Registration District No. 751

Primary Registration District No. 1003

1. FILED SEP 17 1941

(a) County
(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 5 Days
(Specify whether
In this community...
years, months or days)

3. (a) PRINT FULL NAME James McManus
(b) If veteran, name war Unknown
(c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 17 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 6 28 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Patrick McManus
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Anna Howley
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Roy Stanton
(b) Address Pittsfield Mass

17. (a) Removal (b) Date thereof August 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Torrington Connecticut

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) AUG 21 1941 (b) J. Thibault
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County COO
(c) City or town St. Louis XX/1/5
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1941 hour 3:25 minute P.M.
21. I hereby certify that I attended the deceased from August 10, 1941 to August 14, 1941;
that I last saw him alive on August 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Staphylococcus Septicemia
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 36
Major findings: None
Of operations _____
Of autopsy None
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature L. O. Mulligan (M. D. or other) 8/14/41
Address 1515 Lafayette Avenue Date signed _____

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

06
17
9

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.....

Frank J. Owen

Licensed Embalmer No.....

2245

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, fact should be so stated above.