

FILED MAR 10 1942

Registration District No. 789

Primary Registration District No. 101

Registrar's No. 507

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 days
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Rock Hill Village,
(If outside city or town limits, write "RURAL")
(d) Street No. 9382 Golden Hill Dr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3
year 1942 hour _____ minute 5 P. M.
21. I hereby certify that I attended the deceased from 1-31-42
_____ 19. to 3-3-42 19.
that I last saw him alive on 3-3-42 19.
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Peritonitis 3 days
Due to Tuberculosis 15 yrs. (?)
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Tuberculosis
Of operations: Kidney + psoas abscess
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 P. Boston (M. D. or other) M.D.
Address St. Louis Park Hosp. Date signed 3/4/42

3. (a) PRINT FULL NAME Jacob Maness
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, Single
7. Birth date of deceased July 2 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 8 Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____
MOTHER FATHER { 12. Name George Maness
13. Birthplace Mo
14. Maiden name Serina Maness (State or foreign country) NAME O.K.
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Hill
(b) Address 9380 Golden Gate, Rock Hill
17. (a) Burial (b) Date thereof 3-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.
19. (a) MAR - 4 1942 (b) H. Mc Haron
(City or town and State) (Registrar's signature) AK

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

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.....

Louis H Bopp

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H. Bopp

Licensed Embalmer No.....

921

P. O. Address.....

Kirkwood

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.