

FILED APR 13 1942 91

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2878

09
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:
Found in Mississippi River, foot of Poplar St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 25
17

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

(d) Street No. 218 So 4th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas M. Mannes

20. DATE OF DEATH: Month Mar day 4
year 1942 hour 10 minute 30 A.M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

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

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Asphyxiation due to drowning when he was found floating in the Mississippi River at foot of Poplar street, on March 4, 1942 about 10.30 AM.

7. Birth date of deceased abt 1879
(Month) (Day) (Year)

Other conditions None, cause could not be determined.
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
<u>abt. 63</u>				hr. _____ min. _____

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict

11. Industry or business Rail Road Worker

(b) Date of occurrence Found morn 4 1942

12. Name unknown

(c) Place: burial or cremation Potters Field

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

14. Maiden name unknown

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

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

23. Signature Alfred Perry (M. D. or other) _____
Address 1300 Clark Date signed 3/23/42

16. (a) Informant James J. Fitzgibbon

17. (a) Burial (b) Date thereof March 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Potters Field
Peetz Brothers

(c) Signature _____ (Date received local registrar) _____

(b) Address 3029 Lafayette Ave

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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.....

.....
working under my personal supervision.

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

Signed.....

Not Embalmed
Frank J. Owens

..... 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.