

FILED MAY 7 1942 91

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Maplewood
(If outside city or town limits, write "RURAL")
 (d) Street No. 3546 Commonwealth Av.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Ellen Manning

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

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced M /
 6. (b) Name of husband or wife Charles Manning 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased May 15 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
 year 1942 hour 5:40 A.M. minute..... M.

21. I hereby certify that I attended the deceased from April 5 1942 to April 22 1942
 that I last saw h. ev alive on April 22 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
menia

8. AGE: Years Months Days If less than one day
61 11 6 hr. min.

Due to nephritic (chronic)
 Due to hypernephroma (malignant)
 Other conditions (Include pregnancy within 3 months of death) 131
 Major findings: Of operations 131
 Of autopsy..... 131

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Francis Buttner
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Nora Buckling
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Manning (husband)
 (b) Address 3546 Commonwealth Av.

17. (a) Burial (b) Date thereof April 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Galvan, Co.

18. (a) Signature of funeral director Dr. J. Croghan
 (b) Address 7146 Manchester

19. (a) APR 23 1942 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

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 H. L. Wilks M.D. (M. D. or other).....
 Address 5298 Page Date signed 4/23/42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

M. J. Croghan

Licensed Embalmer No. *2622*

P. O. Address

7146 Manchester

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.