

FILED JUN 15 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4892

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Yrs.
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 13 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2444 N. Grand
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John J. Manion

3. (b) If veteran, name war None 3. (c) Social Security No. —

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased December 29 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>4</u>hr.min.

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

10. Usual occupation Police Officer

11. Industry or business

12. Name Peter Manion
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Bridget Hoban
15. Birthplace Quebec, Can. (City, town, or county) (State or foreign country)

16. (a) Informant Alfred C. Yost
(b) Address City Sanitarium

17. (a) Burial (b) Date thereof 6-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director A. Ross Lind
(b) Address 2707 n grand

19. (a) JUN 4 1942 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1942 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct. 31st 1938 to June 3 1942
that I last saw him alive on June 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Chronic Myocarditis 1938 plus Secondary Prostatic Hypertrophy And Senility
Other conditions 1938 plus
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations 93 730 10
Of autopsy.....
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) (Means of injury)
23. Signature Hubert J. Smith (M. D. or other) 6/4/42
Address 5400 Arsenal Date signed

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: *Paul F. Hollenberg*
Licensed Embalmer No. *26310*
P. O. Address *2907 N. Grand*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10414
Registrar's No. 4892

Registration District No.

Primary Registration District No.

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.....
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 4 yrs
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO (b) County.....
(c) City or town..... St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2444 N. Grand
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... John G. Marion

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

4. Sex..... m 5. Color or race..... w 6. (a) Single, widowed, married, divorced..... 8

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

7. Birth date of deceased..... Dec - 29 - 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 30 Days 10 If less than one day min.

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

10. Usual occupation.....
11. Industry or business.....

MOTHER FATHER

12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

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

18. (a) Signature of funeral director..... (b) Address.....

19. (a) July - 4 - 1942 (b) J. F. Bradeck
(Date signed local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June Day.....
year..... 1942 hour..... minute..... 30 P.M.

21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... live on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

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?
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

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

SUPPLEMENTARY

1942
S-16414