

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4508

State File No.

FILED MAR. 2 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1753

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:
4630a Minnesota
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... None
(Specify whether
In this community..... 45 Years
years, months or days)

3. (a) PRINT FULL NAME JAMES HART MANWARING

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

4. Sex..... male 5. Color or race..... W
6. (a) Single, widowed, married, divorced..... married
6. (b) Name of husband or wife..... Mary 6. (c) Age of husband or wife if alive..... 57 years
7. Birth date of deceased..... July 12th 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 10 hr. min.

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

10. Usual occupation..... Salesman

11. Industry or business..... Retired

12. Name..... Ed Manwaring

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

14. Maiden name..... Cora Miner

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

16. (a) Informant..... Mary Manwaring

(b) Address..... 4630a Minnesota

17. (a) Cremation (b) Date thereof 2/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mo. CCrematory

18. (a) Signature of funeral director..... A. K. McLaughlin

(b) Address..... 2301 Lafayette Ave

19. (a) FEB 23 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... 4630a Minnesota St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb. day..... 22nd
year..... 1943 hour..... 4 minute..... AM.

21. I hereby certify that I attended the deceased from..... 2-5
..... 1943 to..... 2-21..... 1943
that I last saw him alive on..... 2-21..... 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Heart failure
Myocarditis
Cor Myocarditis
Due to..... asthma
Due to..... g. 2. 2.

Other conditions..... Right-ventricular failure
(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..... E. H. Edell (M. D. or other)..... M. D.
Address..... 2019 So. Jefferson Date signed..... 2-22-43

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

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

L. B. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.