

ED APR 3 1943 18
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Missouri

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community 19 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
12

(c) City or town ST. LOUIS 917
(If outside city or town limits, write "RURAL")

(d) Street No. 3249 LAFAYETTE AV.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME PLEASANT MANESS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28 year 43
hour 11 P. minute 11 P. M.

21. I hereby certify that I attended the deceased from 3-26-43 to 3-28-43, 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Maness 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 3 31 1881
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion 7 days
Intoxication 530

Due to Intoxication 530

Due to Intoxication 530

8. AGE: Years Months Days If less than one day

61 11 27 hr. min.

9. Birthplace De Soto Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Missouri Pacific Railroad

12. Name PLEASANT MANESS

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

14. Maiden name MARY ANN PETTYJOHN

15. Birthplace DESOTO MO 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lena Maness

(b) Address 3249 Lafayette

17. (a) BURIAL (b) Date thereof MARCH 31-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEMETERY

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av.

19. (a) MAR 29 1943 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 W. A. Budke (M. D. or other)

Address Mrs. Joseph Hoff Date signed 3/28/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Harry J. Schenck*

Licensed Embalmer No. *2679*

P. O. Address *732 Remay Road*

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.