S. No. 2
M—5-42
5-17-39
X32878

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12476

FILED APR 28 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3692

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

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 Hospital #1.0
(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: 000
(a) State Mo. (b) County 17
(c) City or town St. Louis 9 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4759 Westminster Pl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Daniel William Manning.
3. (b) If veteran, name war No
3. (c) Social Security No. 492-20-9023.
4. Sex Male
5. Color or race 0 White
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Fannie Manning
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 28, 1869. (Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 20 If less than one day hr. min.

9. Birthplace Maryland 7
(City, town, or county) (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
FATHER
12. Name Daniel Manning
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace Unkown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Floyd E. Wilkerson
(b) Address 4322 Naturial Bridge Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21/43. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) APR 20 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1943 hour 7.25 minute P.M. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of Brain Localized Meningitis
Due to When he walked into path of Police car Driven by one
Due to Frank Stocker in front of 430 No. Euclid ave about
Other conditions 11 22 Pm February 4-1943
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations 170
Of autopsy 21.

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) Accident 000
(b) Date of occurrence 2-4-43
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place
(Specify type of place)
While at work? (e) Means of injury 3
23. Signature James J. Fitzsimmons Coroner (M.D. or other)
Address 1300 Clark ave Date signed 4/20/43

(Licensed Embalmer's Statement on Reverse Side)

City Coroner

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 Alan J. Reilly

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.,

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.