S. No. 2
0M—2-43
5-17329
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

D MAY 18 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16372

Primary Registration District No. 1003

Registrar's No. 4335

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:
3670 Laclede Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Yrs.
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. 3670 Laclede Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William T. Manion

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Mary Manion

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 1st., 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	0	7	hr. min.

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

10. Usual occupation Retired Private Watchman

11. Industry or business

FATHER
12. Name Thomas Manion
13. Birthplace (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs. Mary Manion
(b) Address 3670 Laclede Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAY 10 1943 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th., year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 5-5-43, 19, to 5-9-43, 19; that I last saw him alive on 5-9-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerotic coronary
Arteriosclerosis with myocardial
Due to infarct 4 hrs.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
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) No
(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?
(Specify type of place)
While at work (e) Means of injury

23. Signature John C. Hammond (M. D. or other) M.D.
Address Mo. Theatre Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Blv

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.