V. S. No. 2
50M—5-42
Rev. 5-17-39
FILED JUL 8 1943
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19835

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5935

1. PLACE OF DEATH:

(a) County

(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: St Marys Infirmary (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:

(a) State Mo (b) County 17

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4222 West Belle Pl (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joe Maneors

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb (Month) 16 (Day) 1882 (Year)

8. AGE: Years 61 Months 4 Days 9 If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business

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

MOTHER
14. Maiden name Lucy Andrews
15. Birthplace unKnown (City, town, or county) (State or foreign country)

16. (a) Informant Mary Maneors

(b) Address 4222 West Belle Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvery Cem

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/25 day 1943 year hour 7 minute A M.

21. I hereby certify that I attended the deceased from 6/25/1943 to 6/1/1943 that I last saw alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Lung abscess Cause not known

Due to Acute diffuse Bronchitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 6/26/43

Address 822 W Jefferson 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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine,

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.