

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19837

FILED JUL 8 1943

318

Primary Registration District No. 1003

Registrar's No. 5904

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 Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 4 das.
(Specify whether years, months or days) 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 Chestnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM MANUEL

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 19 _____ hr. _____ min.

9. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Helena A. Singler

(b) Address 5300 Arsenal St. St. Louis
17. (a) Burial, cremation, or removal W. R. Ketter (b) Day thereof 6-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. R. Ketter

(b) Address 3508 Cottage St. St. Louis

19. (a) JUN 28 1943 (Date received local registrar) J. B. Breda (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 11:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 11 1943 19 _____ to June 15, 1943 that I last saw him alive on June 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho Pneumonia Senility
Duration 6-13-43 1843X

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy no
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 Matthew H. Moore (M. D. or other) MD

Address 5300 Arsenal Date signed _____

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.....
W. H. ...

Licensed Embalmer No.....

P. O. Address.....

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.