

FILED JUL 8 1943

Registration District No.

Primary Registration District No. 3069

1413

1. PLACE OF DEATH: **St. Louis**

(a) County **St. Louis**

(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Mo.** (b) County **17**

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

(d) Street No. **221 No. Grand Blvd.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) **Rev. William P. Manion S.J.**
FULL NAME

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 **S. O.**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Aug. 4th., 1887**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	10	22	hr. min.

9. Birthplace **St. Louis** **Mo. O**
(City, town, or county) (State or foreign country)

10. Usual occupation **Jesuit Priest**

11. Industry or business _____

12. Name **Thomas Manion**

13. Birthplace **Ireland** **4**
(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 **Father Herbert**

(b) Address **221 No. Grand Blvd.**

17. (a) **Burial** (b) Date thereof **6-29-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Stanislaus Seminary**

18. (a) Signature of funeral director **Arthur J. Connelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **JUN 29 1943** (b) **E. J. McDevan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26th.**, year **1943** hour **6** minute **50 P. M.**

21. I hereby certify that I attended the deceased from **6/12** 19**43** to **6/26** 19**43** that I last saw him alive on **6/25** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Hypertensive, basilar cerebral**

Due to _____

Duration **5 wks**

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

Major findings: **93rd**

Of operations _____

Of autopsy **See above**

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)

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 **E. Lee Shrader** M. D. or other _____

Address **2720 Washington** Date signed **6/29/43**

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

96

APR 11 1957

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 VanMatre

Licensed Embalmer No. 2825

P.O. Address 4940 Lafayette

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.