

SEP 21 1943

318

1003

Registration District No.

Primary Registration District No.

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
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. 6648 Oakland Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Manion

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anne Manion 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Oct. 28th 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired police officer

11. Industry or business _____
12. Name Patrick Manion

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brady

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Anne Manion

(b) Address 6648 Oakland Ave.

17. (a) Burial (b) Date thereof 9-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 14 1943 (b) [Signature]
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th
year 1943 hour 8:35 minute P.M. M.

21. I hereby certify that I attended the deceased from Aug. 1 1943 to Sep 13 1943
that I last saw him alive on Sep 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death (Terminal) Pneumonia
Broncho-pneumonia
Due to Senile cerebral sclerosis 3 yrs.

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

Major findings: 107
Of operations _____
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) _____
(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 [Signature] (M. D. or other) 9/14/43
Address 3720 Washington Date signed _____

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 *Charles W. Mc Dermott*

Licensed Embalmer No. *3024*

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.