

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural: St. Ferdinand Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 4 days
(Specify whether)
In this community abt 30 years
years, months or days

3. (a) PRINT FULL NAME Leon J. Manheimer

8. (b) If veteran, name war none 3. (c) Social Security No. 488-03-1748

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

6. (b) Name of husband or wife Lillian G. Manheimer 6. (c) Age of husband or wife if alive abt 61 years

7. Birth date of deceased AUGUST 23 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 3 1 _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER { 12. Name Bernard Manheimer
13. Birthplace Unknown France 5
(City, town, or county) (State or foreign country)
14. Maiden name Flora Baer
15. Birthplace Unknown France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hal Goodman

(b) Address Claridge Hotel

17. (a) Burial (b) Date thereof 11/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) DEC - 1 1943 (b) E. G. McHarran, M.D.
(Date received local registrar) (Registrar's signature) 2-51

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural: St. Ferdinand Township
(If outside city or town limits, write "RURAL")
or 2330 Olive St
(d) Street No. St. Louis Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1943 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 21,
1943, to Nov 24, 1943;
that I last saw h.l.m. alive on Nov 24, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic heart disease

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy 93rd

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 Abby Hoover (M. D. or other) _____
Address Jewish Sanitarium Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 13 1943

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 G. W. Wilkins

Licensed Embalmer No. 3575

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, above space should be left blank.