

No. 20899 DEC 29 1943 318
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hosp. & Max Starkloff Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town 3811 Westminster Pl. 12/9
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME William Manning

3. (b) If veteran, name war None 3. (c) Social Security No. 500-16-6665

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

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

7. Birth date of deceased June 21, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 24 hr. _____ min.

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

10. Usual occupation Maintenance Man

11. Industry or business Private Home

12. Name Robert Manning

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

14. Maiden name Matilda Bourg

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C.W. Nail Sr.

(b) Address 115 Bates St.

17. (a) Burial (b) Date thereof 12/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Chas. J. Kron Funeral Home

(b) Address DEC 4 1943 Washington Blvd

19. (a) DEC 18 1943 (b) J. J. Budick
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1943 hour 7:35 minute P. M.

21. I hereby certify that I attended the deceased from December 9
9, 1943, to December 15, 1943

that I last saw him alive on December 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

lobar pneumonia

Due to _____

Due to _____

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

Major findings: Of operations PHYSICIAN _____

Of autopsy _____ 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 Ray Feilang (M. D. or other) R. M.

Address 1515 Lafayette Date signed 12/16

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

MOTHER FATHER

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 E Morris

Licensed Embalmer No. 3360

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.