DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20001

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 5443

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: 4321 Sacramento Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

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. 4321 Sacramento ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME Mary Elizabeth Mannion

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Patrick M. Mannion

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March (Month) 12 (Day) - 1874 (Year)

8. AGE: Years 70 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Malachy Raftery
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Murry
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Patrick M. Mannion
(b) Address 4321 Sacramento Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge

19. (a) JUN 16 1944 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1944 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from June 1, 1944, to June 14, 1944 that I last saw her alive on June 10, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio vascular renal disease with hypertension	10 yrs
Due to: Arteriosclerosis	2
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature [signature] (M. D. or other)

Address 117 N. Grand Date signed Jun 16/44

(Licensed Embalmer's Statement on Reverse Side)

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.....Sheldon Colli

Licensed Embalmer No.....3382.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.