. S. No. 2
OM—8-43
v. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28785

Primary Registration District No. 3068

Registrar's No. 1838

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution:
St. Marys Hospital 0
(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: 000

(a) State Mi ssouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 49I8 St. Louis Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME James J. Manning

3. (b) If veteran, name war .....

3. (c) Social Security No. 490-0I-6832

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anastatia

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased April (Month) I4 (Day) I889 (Year)

8. AGE: Years 55 | Months 4 | Days I7 | If less than one day ..... hr. ..... min.

9. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Stone & Webster

FATHER
12. Name James Manning
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Ellen Whalen
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Anastatia Manning
(b) Address 49I8 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan F neral Dir.
(b) Address 2849 No. Euclid Ave.

19. (a) SEP 5 1944 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1944 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from Aug-27/44, 19 to Sept 1, 1944
that I last saw him alive on Sept 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease Hypertension

Due to Arteriosclerosis

Due to

Other conditions Embolism of Middle Cerebral Artery
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No 93d

Duration

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 ..... Date signed 9/3/44

707 (Licensed Embalmer's Statement on Reverse Side)

Dr. James F Clancy
University Club Bld.
JE. 9962
Laclede 2030
3504 Halliday Ave
Saturday at Office 1-3 pm

SEP 12 1944

OCT 16 1946

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 Eugene H. Sullivan

Licensed Embalmer No. #2930

P. O. Address St Louis, Mo.

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.