S. No. 2
M—2-43
. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36155

State File No. 10287

FILED DEC 9 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Louis

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

(d) Street No.: 7712 Brocton Court
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Ann Margaret McManus

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, or divorced: Single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Dec. (Month) 11 (Day) 1940 (Year)

8. AGE: Years 3 Months 11 Days 21 If less than one day hr. min.

9. Birthplace: New York (City, town, or county) 1 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: John J. McManus
13. Birthplace: New York (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name: Margaret Lawton
15. Birthplace: New York (City, town, or county) 1 (State or foreign country)

16. (a) Informant: John J. McManus
(b) Address: 7712 Brocton Court

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Dec. 3 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Brooklyn, N. Y.

18. (a) Signature of funeral director: L. Mullen Funeral Dir.
(b) Address: 5165 Delmar Bl.

19. (a) Dec. 3 1944 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1944 to Dec 2, 1944 that I last saw h. alive on Dec 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenza	24 hrs
Bronchopneumonia	
Due to	
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?
While at work? (Specify type of place) (e) Means of injury:

23. Signature: Jos P. Casletto (M. D. or other)
Address: 4952 Maryland Date signed: Dec 2/44

(Licensed Embalmer's Statement on Reverse Side)

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.