

FILED NOV 30 1944

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 9937

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. Paul 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5122 Aubert Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Joseph M. Manion

3. (b) If veteran, name war. 3. (c) Social Security No. 492-07-4988

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

(b) Name of husband or wife Constance Morgan Manion (c) Age of husband or wife if alive September 17 1897 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 2 4 hr. min.

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

10. Usual occupation Production Engineer

11. Industry or business Timothy Manion

12. Name Timothy Manion
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mervin
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Constance Manion 1
(b) Address 5122 Aubert Ave.

17. (a) Burial (b) Date thereof 11/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Stroot-Carroll

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

19. (a) NOV 22 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1944 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from 11-12 to 11-21
that I last saw him im alive on 11-20
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 2 days

Due to 11/17 Bleeding Ruptured Aneurysm

Other conditions Not Done
(Include pregnancy within 3 months of death)

Major findings: Not Done
Of operations Not Done
Of autopsy Not Done

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) (c) Means of injury 0

23. Signature J. H. Thompson (M. D. or other) 0
Address 4952 W. Maryland Date signed 11-22-44

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 Sheldon Collier

Licensed Embalmer No. 3382

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.