

FILED DEC 28 1945

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10830**

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:
Enroute to City Hosp. Max C. Sterkloff Mem.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **10 years** **3** (Specify whether 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. **1511 Pennsylvania Avenue**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE MANNING**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** **5**
 year **1945** hour **6** minute **45** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **February 18, 1881**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 **9** **17** hr. _____ min.

Immediate cause of death
Chronic Myocardial Infarction
Chronic Substernal Aneurysm
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Paper Carrier**

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name **Unknown**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Bradshaw**
 (b) Address **2737 Park Avenue**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-13-45**
(Month) (Day) (Year)
 (c) Place: burial or cremation **St. Matthews Cemetery**
 18. (a) Signature of funeral director *H. M. Slaughter*
 (b) Address **2501 Lafayette Avenue**
 19. (a) **DEC 12, 1945** (Date received local registrar) (b) *J. F. Brueck* (Registrar's signature)

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 *Robert E. Slaughter* (M. D. or other) **12/12/45**
 Address _____ Date signed _____

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.

NOT EMBALMED

Signed.....

L. R. Cooper

Licensed Embalmer No. *3633*

P. O. Address: *2317 Lafayette*

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.