

S. No. 2
DM-5-43
v. 5-17-39
I X36571

FILED MAR 20 1946
318

Registration District No. Primary Registration District No.

1003

2274

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:
3322 Klein Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since Birth (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 200
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 926
(d) Street No. 3322 Klein Street
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ANNA MARIE MANLEY

3. (b) If veteran, name war None 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 Roy Manley 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 13, 1987
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>58</u>	<u>8</u>	<u>23</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER
12. Name Michael Hoffmann
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Fra Koch
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Manley
(b) Address 3322 Klein Street

17. (a) Burial (b) Date thereof 2/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) MAR 8 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6
year 1946 hour 2:00 AM

21. I hereby certify that I attended the deceased from Jan 10 1946
to Mar 3/6 1946
that I last saw him alive on 3-3-46
and that death occurred on the date and hour stated above.

Immediate cause of death Crown aneurysm and thrombosis in epilepsy
Duration

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) PH

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 W. W. Harris (M. D. or other)
Address 3505 N. Grand Date signed 2/7/46

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

red 1

8 20 19 21

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 *William G. Buchholz*

Licensed Embalmer No. *3110*

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.