

FILED JUN 6 1946
318

Registration District No. Primary Registration District No. **1003**

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:
St. Louis City Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen Mangan
3. (b) If veteran, name war **3. (c) Social Security** No.

4. Sex F. **5. Color or race** W.
6. (a) Single, widowed, married; divorced Single
6. (b) Name of husband or wife **6. (c) Age of husband or wife if** alive years
7. Birth date of deceased Sept. 7, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 20 hr. min.

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

10. Usual occupation Housekeeper Retired

11. Industry or business

12. Name Michael Mangan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Tracy
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Melton
(b) Address 421 Kretschmer Ave. Belleville

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5-29-46
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Linden Blvd

19. (a) MAY 29 1946 **(b) Registrar's signature** J. F. Bredek
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 No. Florissant Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th.
year 1946 hour 5 minute 20 A. M.

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.

Immediate cause of death fracture of left hip
interosseous screw, snapped, after the
signer and fell to the floor at
Due to the weakness of poor, 220g.
Hebit at age May 17, 1946
Due about 5.00 P.M. 1946

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) accident
(b) Date of occurrence May 17 1946
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work (Specify type of place)
(g) Means of injury fall from
23. Signature Arthur J. Donnelly (M. D. or other)
Address 3840 Linden Blvd Date signed

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

17562

Division Office

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3846 Lindell

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.