

**FILED SEP 17 1946** STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 91

Registration District No. 116

Primary Registration District No. 3020

**1. PLACE OF DEATH:**

(a) County Franklin  
 (b) City or town Washington  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Francis Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether  
 In this community 3 days  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Franklin  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4124 Sabadie Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hattie Grace Manhamke

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 widowed  
 6. (b) Name of husband or wife Julius Manhamke  
 6. (c) Age of husband or wife if alive 27 years (Day) (Year)  
 7. Birth date of deceased May 27 1893  
 (Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mary's Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER { 12. Name Louis Clark Smith  
 13. Birthplace Casconade Co. Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Georgia Ann Smith  
 15. Birthplace St. Louis Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Buell Manhamke  
 (b) Address 4124 Sabadie, St. Louis, Mo.

17. (a) Burial (b) Date thereof Sept. 16, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Hill Cem. Kirkwood, Mo.

18. (a) Signature of funeral director Schrader Funeral Home  
 (b) Address Ballwin, Mo.

19. (a) 9/12/46 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 12,  
 year 1946 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from 8-26 1946 to 9-12 1946  
 that I last saw her alive on 9-11 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia - Both Lower Lobes  
 Due to Cardiac Decompensation  
Due To Rheumatic Heart Disease  
 Due to Disease

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None  
 Of autopsy None

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? 0  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Paula Brenner (M. D. or other) [Signature]  
 Address Ballwin, Mo. Date signed 9-13-46

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

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Date Filed 9-17-46

District File Number 9-11-114

District Health Officer No. 9

**RECEIVED**

OCT 4 1946

**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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed Geo. Schradw

Licensed Embalmer No. 3066

P. O. Address Dalwin, 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.**