

FILED DEC 31 1946

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **3566**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Lemay Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nazareth Convent
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **Sister M. Laititia McManus**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased **August 25 1866**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 0 hr. min.

9. Birthplace **Clarksville Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Teacher**

11. Industry or business **Retired**

12. Name **Richard McManus**

13. Birthplace **Richard McManus Ireland**
 (City, town, or county) (State or foreign country)

14. Maiden name **Margaret Brogan-Iard**

15. Birthplace **Margaret Brogan Ireland**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Sister M. Louis Boston**

(b) Address **RFD Lemay, Mehlville, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 27, 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nazareth Cemetery & L. Co.**

18. (a) Signature of funeral director **C. H. ... & L. Co.**

(b) Address **7814 S. Broadway**

19. (a) **12-28-46** (b) **Walter J. ...**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Lemay**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Forder & Ringer**
 (If rural, give location) **no**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25**
 year **1946** hour **7** minute **a.m.** M.

21. I hereby certify that I attended the deceased from **Apr 12**, 19**46**, to **Dec 25**, 19**46**
 that I last saw her alive on **Dec 23**, 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Endocarditis** Duration **?**

Due to _____
 Due to **920**

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) _____
 (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 **0**

23. Signature **Walter J. ...** (M. D. or other)
 Address **Lemay R8(23) Mo** Date signed **12/27/46**

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

2
45
39
47070

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: *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.