

FILED FEB 3 1947
Registration District No. 318

Primary Registration District No. 1003
Registrar's No. 658

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

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. Ann's Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 years
(Specify whether _____)

In this community 50 years
years, months or days

3. (a) PRINT FULL NAME JOSEPHINE MANION

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 Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 7, 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>3</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Edwardsville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Thomas Manion

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Halley

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph O'Neill

(b) Address 1912 Desoto Ave.

17. (a) Burial (b) Date thereof 1-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 East Grand Blvd.

19. (a) JAN 20 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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. St. Ann's Home, 5301 Page Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, day 19th, year 1947 hour 11 minute A M.

21. I hereby certify that I attended the deceased from June 12, 1946 to Jan 19, 1947
that I last saw her alive on Jan 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 year

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: no

Of operations _____

Of autopsy no

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) no

(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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 5803 Reynolds, Mo Date signed 1/20/47

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 Frank A. Moore

Licensed Embalmer No. 13041

P. O. Address 2117 E. Grand

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.