

FILED MAR 14 1947
318

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5705 Nottingham Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **LOUISE H. MC MANAMON**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Nov. 1 1881**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	4	4	hr. _____ min.

9. Birthplace **Highland Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER

12. Name **Philip Hartlieb**

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

14. Maiden name **Helena Knebel**

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

16. (a) Informant **Clarice McManamon**

(b) Address **5705 Nottingham Ave.**

17. (a) **Removal (Mtr.)** (b) Date thereof **3 8 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland, Ill.**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **MAR 6 1947** (b) **J. J. Brecken**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **5705 Nottingham Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **March** day **5th**
year **1947** hour **10:35** minute _____ P.**M.**

21. I hereby certify that I attended the deceased from **1940**
19____ to **death**, 19____

that I last saw her alive on **3-5-47**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis** **3 day**
Arteriosclerosis ?

Due to _____

Due to _____

Other conditions **82**
(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)
Means of injury _____

23. Signature **J. J. Brecken** (M. D. or other) **M.D.**
Address **5203 Chippewa** Date signed **3-6-47**

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

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 Richard W. Stovesand
Licensed Embalmer No. 4007
P. O. Address.....

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.