

S. No. 2
M-5-43
7-5-17-39
10-36671

FILED MAR 14 1947
318

Registrar's No. 2302

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 days
(Specify whether years, months or days)

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

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. 5226 Wilson Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Louis Manganello

3. (b) If veteran, name war No

3. (c) Social Security No. 488-10-5715

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4

21. I hereby certify that I attended the deceased from February 5, 1947, to March 4, 1947; that I last saw him alive on March 4, 1947; and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race white

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

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

7. Birth date of deceased July 4 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 0
If less than one day hr. min.

Immediate cause of death: Bronchopneumonia, post-operative

Due to Platy basia

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy As above

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

10. Usual occupation _____

11. Industry or business _____

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 _____

12. Name Victor Manganello

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

14. Maiden name Longe

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

Signature H. P. Bradley (M. D. or other) _____

Address Barnes Hospital, Date signed _____

16. (a) Informant Victor Manganello

(b) Address 5226 Wilson Ave

17. (a) burial (b) Date thereof Mar 8 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Church
St. Louis @ Calcaterra

18. (a) Signature of funeral director J. J. Brebeck

(b) Address 5442 Daggett Ave

19. (a) MAR 6 1947 (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER, FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *John S. Rensselaer*
Licensed Embalmer No. *4194*
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.