

FILED APR 25 1947 318

Registration District No. Primary Registration District No.

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)

In this community 53 years
years, months or days

3. (a) PRINT FULL NAME James Manier

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased July 2 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>7</u>hr.min

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

10. Usual occupation Blacksmith

11. Industry or business.....

12. Name Edmond Manier

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

14. Maiden name Emily ??

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

16. (a) Informant Bessie Hooser
(b) Address Chicago, Ill.

17. (a) (Burial, cremation, or removal) (b) Date thereof 4-15-47
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

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

(b) Address [Signature]

19. (a) APR 14 1947 (Date received local registration)
(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1117

(d) Street No. 4222 Easton
(If rural, give location) 7

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 3-10, 1947, to 4-9, 1947
that I last saw him alive on April 9, 1947
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Senile Psychosis Undet.

Due to..... 95°C

Due to.....

Other conditions Cardiac Decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy: No

PHYSICIAN
Underline the cause of 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?.....
(Specify type of place) 0

While at work?..... (c) Means of injury.....

23. Signature [Signature] (M. D. or other) 0
Address 2601 N Whittier Date signed 4/11/47

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

MOTHER FATHER

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.

*Embalmer Certificate
to be recorded in*

Signed.....

Licensed Embalmer No.....

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.