V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 28 1947

Registration District No. 37

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15967

Registrar's No. 882

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Lemay 23
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Sanitorium
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Lemay 23
(If outside city or town limits, write "RURAL")
(d) Street No.: 3683 Weber Rd.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Erma L. Manley
3. (b) If veteran, name war .....
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: Leon Manley
6. (c) Age of husband or wife if alive: 26 years
7. Birth date of deceased: April (Month) 6 (Day) 1921 (Year)

8. AGE: Years 26 | Months 0 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: house wife
11. Industry or business: at home

FATHER
12. Name: John Suhl
13. Birthplace: St. Louis, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Edna Vonderhaar
15. Birthplace: Mo. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Leon Manley
(b) Address: 3683 Weber Rd.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 4-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Olive cemetery
18. (a) Signature of funeral director: Fendler Und. Co.
(b) Address: 7420 Michigan Ave.
19. (a) 4-19-47 (Date received local registrar) (b) Cecil A. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1947 hour 7:00 AM minute — M.
21. I hereby certify that I attended the deceased from 2/6, 1947, to 4/15, 1947; that I last saw him alive on 4/14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Renal Tuberculosis	not known
Due to: infection	
Due to: 20	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

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)
While at work? ..... (e) Means of injury .....
23. Signature: Leonard Schlenker (M. D. ~~or other~~)
Address: 3515 S. Grand Date signed: 4/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 11 1948

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 Oliver E. Fenelon

Licensed Embalmer No. 4148

P. O. Address W. Lovell, Me.

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.