

FILED JAN 30 1948 318

1003

Registrar's No. ....

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County..... St. Louis, Missouri

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

(c) Name of hospital or institution..... Harlin Desloge Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Mary Theresa Manzer

3. (b) If veteran, name war..... World War I Nurse

3. (c) Social Security No. ....

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..... July 28, 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>5</u>	<u>20</u>	..... hr. .... min.

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

10. Usual occupation..... Nurse

11. Industry or business.....

12. Name..... Chas. B. Manzer

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

14. Maiden name..... Anna Jones

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

16. (a) Informant..... Mrs. Gertrude Gross

(b) Address..... 5201 Alaska

17. (a) Burial (b) Date thereof..... 1-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Resurrection Cemetery

18. (a) Signature of funeral director..... Southern Funeral Home

(b) Address..... 6322 S. Grand Blvd.

19. (a) JAN 19 1948 (b) J. F. Prudeck  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
Missouri

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

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

(d) Street No..... 5201 Alaska  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th  
year..... 1948 hour..... 10 minute..... M.

21. I hereby certify that I attended the deceased from..... July  
..... 1947, to..... Jan 18 1948.

that I last saw her..... alive on..... July 17, 48 19.....  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death..... Generalized Carcinoma

Due to..... Carcinoma of Stomach

Due to.....

Other conditions..... H-10  
(Include pregnancy within 3 months of death)

Major findings: A Stomach

Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature..... A. Forster (M. D. or other) MD  
Address..... 1504 S Grand Date signed..... 1/19/48

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

MOTHER FATHER

DR. A.C. FORSTER  
1504 S. GRAND  
LA 8127 2-4

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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

*J. Wm. Binkley*

Licensed Embalmer No.

3653

P. O. Address

*St. Louis, Mo*

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.