-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3318

FILED JAN 21 1948

Registration District No. 247 — Primary Registration District No. 3063 — Registrar's No. 108

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 Days (Specify whether
In this community 5 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town ~~Normandy~~ Berkeley (If outside city or town limits, write "RURAL")
(d) Street No. 9430 Rosemary (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cyril Manaska
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race wh
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) - 17 (Day) - 1878 (Year)

8. AGE: Years 69 | Months 1 | Days 26 | If less than one day hr. min.
9. Birthplace Bohemia (City, town, or county) X (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Manaska
13. Birthplace Bohemia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Dau- Anna Ostrich
(b) Address 9430 Rosemary
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickov Cem
18. (a) Signature of funeral director Charles Und. Co
(b) Address 1722 Jefferson
19. (a) 1-14-48 (Date received local registrar) (b) Cecil Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12th year 1948 hour 5 minute 30 a M.
21. I hereby certify that I attended the deceased from Dec. 17th 1947 to Jan. 12th 1948 that I last saw him alive on Jan 12th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death multiple cerebral vascular accidents	6 mo
Due to	
Due to 83 a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury N

23. Signature A E Heigel (M. D. or other)
Address 601 Brentwood Blvd Clayton Mo. Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ray E. Campbell

Licensed Embalmer No. 3881

P. O. Address Warrensburg, 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.