No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6722
Registrar's No. 1817

Registration District No. 318
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(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 Mo (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1705 A O'Fallon St R (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 21
If yes, name country

3. (a) PRINT FULL NAME MARGaret MANNA
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 15 (Day) 1906 (Year)
8. AGE: Years 41 Months 2 Days 7 If less than one day hr. min.
9. Birthplace Shellburn Ind. (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Wm A. Jaeger
13. Birthplace New Albany Mo (City, town, or county) (State or foreign country)
14. Maiden name Rose Weber
15. Birthplace Sherman Mo (City, town, or county) (State or foreign country)
16. (a) Informant Anthony Manna
(b) Address 1705 O'Fallon
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Leland Bland E.
(b) Address 1841 Cass Ave
19. (a) FEB 23 1948 (Date received local registrar) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1948 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 1947, to Feb 22 1948 that I last saw her alive on Feb 22 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma Generalized — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations same
Of autopsy same

PHYSICIAN — Underline the cause to 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 C. P. Dalton (M. D. or other) MD
Address 1518 Lafayette Ave Date signed

(Licensed Embalmer's Statement on Reverse Side)

Mul

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 J. Dennehy

Licensed Embalmer No. 41947

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.