

FILED JUL 8 1948

State File No. _____

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 1458

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community 8 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Pike 999
(c) City or town Hull 11
(If outside city or town limits, write "RURAL")
(d) Street No. RR #1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3: (a) PRINT FULL NAME MANESS, Bailey B.

3. (b) If veteran, name war WW-1 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sadie 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased September 16 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 20 hr. min.

9. Birthplace Ft. Smith, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Cement Finisher

11. Industry or business _____

12. Name Unavailable 9

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

14. Maiden name Unavailable

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

16. (a) Informant Registrar, V.A. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 6-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal, Mo.

18. (a) Signature of funeral director A.H. Hoppe,

(b) Address 4700 Washington, St. Louis, Mo.

19. (a) 6-9-48 (b) Gene A. Hoppe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1948 hour 1:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 29, 1948 to June 6, 1948;
that I last saw him alive on June 6, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death MASSIVE HEMATEMESIS, Duration
CIRRHOSIS OF LIVER, PRIMARY CARCINOMA
OF LIVER

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Autopsy performed
(See cause of death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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) Agent of injury _____

23. Signature L.E. Stilwell (M.D. JUDGE)

Address Jefferson Barracks, Mo. Date signed 6/7/48

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

MOTHER FATHER

MAR 16 1949

JUL 6 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.....

..... working under my personal supervision.

..... Registered Apprentice No.....

Signed Georges W. Dectere

..... Licensed Embalmer No. 6329

..... 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.