FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24516

Registrar's No. 6938

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 90 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3550 Tennessee (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Catherine Manning
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 Widowed
6. (b) Name of husband or wife William Manning
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased January 10th, 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
90	6	25	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business —

FATHER
12. Name Jacob Bauer
13. Birthplace (City, town, or county) Alsace Lorraine (State or foreign country)

MOTHER
14. Maiden name Catherine Schmidt
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Edward Manning
(b) Address 3550 Tennessee Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director BEIDERWIEDEN F. H. INC.
(b) Address 1936 St. Louis Avenue
19. (a) AUG 7 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th, year 1948 hour 6: minute 30 A. M.
21. I hereby certify that I attended the deceased from 7-3, 1948, to 8-5-48, 19...; that I last saw h. alive on 8-5-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Uterus with metastasis to liver	4 Mo.
Due to Heart disease due to Arterio Sclerosis	year
Due to Generalized arteriosclerosis	year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Primary site - Colon
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) Means of injury —

23. Signature Geo. A. Mawson (M. D. or other) M.D.
Address 3325 S. Grand Date signed 8/6/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

Dr. Geo. Daman
3325 South Grand Avenue

11 - 12 A.M.

Dr. Vogel
3 - 4 P.M.

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 Max L. Wagle

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.