

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
42349
FILED AUG 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28004
Registrar's No. 7021

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital- Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____ 30 years
years, months or days)

3. (a) PRINT
FULL NAME

David Manierski

3. (b) If veteran,
name war None

3. (c) Social Security No.
None

4. Sex Male 5. Color or
race White

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife
Sophie Manierski

6. (c) Age of husband or wife if
alive 63 years

7. Birth date of deceased December 30 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 9 hr. min.

9. Birthplace Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Unknown

13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Zenon Manierski

(b) Address 1946 Hebert Street.

17. (a) Burial (b) Date thereof 8/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis Avenue.

19. (a) AUG 10 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1946 Hebert Street.
(If rural, give location) 1
(e) 26 Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1948 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from 5-19-48
_____ 19 _____ to 8-9-48 19 _____

that I last saw him in alive on 8-9-48 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myocardial Infarction

Due to arteriosclerotic
Heart Disease

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be sta-
tistically.

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) (c) Means of injury _____

23. Signature Chas. L. Bryan (M. D. or other) _____

Address 1515 Lafayette Avenue Date signed 8-10-48

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.....

Licensed Embalmer No.....

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.