

FILED MAR 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 10401
1933
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 2 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 4462	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 33 Aberdeen Place	

3. NAME OF DECEASED (Type or Print) LOUIS A. MANEWAL			4. DATE OF DEATH (Month) (Day) (Year) February 26, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 7, 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Baking Firm Executive, St. Louis, Missouri		11. BIRTHPLACE (State or foreign country) U.S.A.	

13a. FATHER'S NAME August A. Manewal		13b. MOTHER'S MAIDEN NAME Elvira Vollmer		14. NAME OF HUSBAND OR WIFE Ella V. Manewal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilton Manewal Sr., 33 Aberdeen Place	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia, Bilateral			
		ANTECEDENT CAUSES			
		DUE TO (b) Arterio Sclerosis DUE TO (c) Fr. femur Intertrachontic			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (Specify) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 117	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 23 1951 P.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall while in basement of home	

22. I hereby certify that I attended the deceased from Feb 24, 1951, to Feb 25, 1951, that I last saw the deceased alive on Feb 25, 1951, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE C. A. Stone m. d. o.		(Degree or title)		23b. ADDRESS 3720 Washington St. Louis		23c. DATE SIGNED 2-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery St. Louis, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL FEB 27 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock, 2117 E. Grand Blvd.		ADDRESS	

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Frank A. Moore*.....

Licensed Embalmer No. *3041*.....

P. O. Address. *2117 E. Main*.....

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.