

FILED MAR 1 1957

STANDARD CERTIFICATE OF DEATH

State File No. **G445**  
Registrar's No. **1570**

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 admission). a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>Riverview</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>4000</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Des Loge</b>		e. STREET ADDRESS (If rural, give location) <b>416 Fork Drive</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Patrick</b> b. (Middle) <b>T</b> c. (Last) <b>Manion</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 14 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Jan 17, 1889</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo</b>	
13a. FATHER'S NAME <b>Patrick Manion</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Noughton</b>		14. NAME OF HUSBAND OR WIFE <b>Nil</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-03-5892</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rolland Webb 416 Fork Drive</b>	
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18. CAUSE OF DEATH Enter only one cause per line or (a), (b), and (c) * This does not mean the mode of dying such as suffocation, asphyxia, etc. It means the disease, injury, or complication through which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of L. Maxilla: metastases</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs.</b>	
* This does not mean the mode of dying such as suffocation, asphyxia, etc. It means the disease, injury, or complication through which caused death.		II. PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>160x</b>			
		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Inanition and malnutrition</b>			

19a. DATE OF OPERATION <b>2/2/57</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma, Lt. Antrum, Metastases to Lt. Neck</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Saint Louis, Mo. Mo. Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1955**, to **Feb. 14**, 19**57**, that I last saw the deceased alive on **7 Aug 14**, 19**56**, and that death occurred at **7 AM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William A. ...</b>		23b. ADDRESS <b>1325 So Grand Blvd</b>		23c. DATE SIGNED <b>2/15/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-18-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>			

DATE REC'D BY LOCAL REG. <b>FEB 15 57</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Diedrich Funeral Home 8319 Halls Ferry</b>	
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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~~ ....., Student Embalmer No. .... working under my personal supervision:.. "

Student .....  
Signature of Student Embalmer

Signed *Edmond R. Penick* .....

Licensed Embalmer No. *428*

P. O. Address *St. Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.