

FILED MAR 27 1957

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 11 years		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 3304 Pennsylvania Avenue (18)					
3. NAME OF DECEASED (Type or Print) KENNETH D. McMANIGLE			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Feb. 28, 1957		(Month)		(Day)		(Year)			
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 29, 1920		9. AGE (in years last birthday) 36	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Worker		10b. KIND OF BUSINESS OR INDUSTRY Fischer Auto Body		11. BIRTHPLACE (City and State or Foreign Country) Brookville, Pa.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Joseph McManigle			13b. MOTHER'S MAIDEN NAME Matilda Faust			14. NAME OF HUSBAND OR WIFE Blanche McManigle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 2		16. SOCIAL SECURITY NO. 170-14-7573		17. INFORMANT'S SIGNATURE OR NAME Mrs. Blanche McManigle				ADDRESS 3304 Pennsylvania	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(intrabdominal)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>200.1</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>	
19a. DATE OF OPERATION <u>11/16/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lymphosarcoma</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>195-2</u> , 19 <u>57</u> , to <u>2/28</u> , 1957, that I last saw the deceased alive on <u>2/28</u> , 1957, and that death occurred at <u>2:30 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Ray H. Schmeider</u>			(Degree or title)		23b. ADDRESS <u>6817^e Gravois</u>		23c. DATE SIGNED <u>3-1-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>3-4-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Churchyard</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO</u>			
DATE REC'D BY LOCAL REG. MAR 1 57		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SUDMEYER & SON'S 3934 N. 20th Street</u>				

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 *Gustav W. Dutek*

Licensed Embalmer No. *4329*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.