No. 2
1-4-41
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9133

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2543

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

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: City Hospital #1 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis 1217
(If outside city or town limits, write "RURAL")
(d) Street No. 5001 Enright 9
(If rural, give location)
(e) Citizen of foreign country? No attending Physician (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John McManus
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased December 25 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	2	25	hr. min.

9. Birthplace 2 Canada
(City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name Huey McManus
13. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Nellie McManus
(b) Address 5001 Enright ave St Louis Mo
17. (a) Burial (b) Date thereof 3/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cem. Kirkwood
18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address 131 W. Argonne Dr Kirkwood
19. (a) MAR 21 1941 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1941 hour 2 PM minute M.
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Haemorrhage due to fracture of right hip | Duration
Due to Contrib. Chronic Nephrosclerosis Arteriosclerosis Suffered in
Due to fall at his home on Feb 17, 1941 about 10:00 Pm
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 186a
Of autopsy 181 ? 4 18 10

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 2/17/41 0 0 0
(c) Where did injury occur? St Louis MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 17
(Specify type of place)
While at work? (e) Means of injury 3
23. Signature Alfred Werner (M.D. or other)
Address Deputy Coroner Date signed 3/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Hickman Ky, Md

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.