

FEB 14 1941
Registration District No. 101

Primary Registration District No. 101

Registrar's No. 194

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town County Hosp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME William McManamee

3. (b) If veteran SS 499-01-3518 name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive 777 years

7. Birth date of deceased Feb 2nd. 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 11 23
hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A. Worker

11. Industry or business U.S.

MOTHER FATHER { 12. Name Perry Bolger

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

14. Maiden name Mary Smith

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

16. (a) Informant Mrs Margaret Ryan

(b) Address 4017 Beechwood Ave.

17. (a) Burial (b) Date thereof 1/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of Hannigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) JAN 27 1941 (b) J. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 4017 Beechwood Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th
year 1941 hour 10:30 PM minute M.

21. I hereby certify that I attended the deceased from 1-22-41
1941 to 1-25-41 1941

that I last saw him alive on 1-25-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure

Due to arteriosclerotic heart disease

Due to _____

Other conditions (include pregnancy within 3 months of death) J. R. Meyer

Major findings: Of operations _____

Of autopsy _____

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) _____
(e) Means of injury _____

23. Signature John G. Matthew (M. D. or other) _____

Address St. Louis County Hosp Date signed 1/27/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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

....., Registered Apprentice No.
working under my personal supervision.

Signed

Homer W. Britz

Licensed Embalmer No.

3892

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, above space should be left blank.