

No. 2  
1-5-43  
5-17-39  
I X36671

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

Registration District No. **32/1946**

Primary Registration District No. **6076**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home 4  
(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 St. Charles 9  
(c) City or town Wentzville  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)   
If yes, name country.....

3. (a) PRINT FULL NAME Donna Oney  
(b) If veteran, name war Nil  
(c) Social Security No. None  
(d) Sex Female 5. Color or race White  
(e) Single, widowed, married, divorced Married  
(f) Name of husband or wife William Oney  
(g) Age of husband or wife if alive 84 years  
(h) Birth date of deceased November 15 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 5  
year 1946 hour 1:30 minute A M.  
21. I hereby certify that I attended the deceased from 9-26  
1946 to Nov 5 1946  
that I last saw him alive on Nov 3 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
69 11 20 hr. min.

Immediate cause of death Ca of breast  
Due to..... 50  
Due to.....

9. Birthplace Russell Virginia  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Other conditions: metastasis  
(Include pregnancy within 3 months of death)  
Major findings: Fr - of lt. arm - pathological  
fr occurred  
Of autopsy.....  
Underline the cause to which death should be charged statistically.

11. Industry or business  
12. Name Thomas Fraley  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Hawkins  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant William Oney  
(b) Address Wentzville, Missouri  
17. (a) Burial (b) Date thereof 11-8-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

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 Ch Deany (M. D. or other) MD  
Address Creve Coeur, Mo Date signed 11-5-46

(c) Place: burial or cremation Wentzville, Missouri  
18. (a) Signature of funeral director Pitman Funeral Home  
(b) Address Wentzville, Mo  
19. (a) 11-7-46 (b) Ruth J. Deany MD  
(Date received local registrar) (Registrar's signature)

DEC 17 1947

SEP 11 1947

1947

MAY 29 1957

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 Elmer R. Cadwell

Licensed Embalmer No. 4077

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, fact should be so stated above.