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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2842

FILED FEB 3 1947

Registration District No. 1918 Primary Registration District No. 1003 Registrar's No. 619

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL.") 7 17

(d) Street No. 4846 Penrose St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bernard McManus

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 7 (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation N.

11. Industry or business

FATHER 12. Name Dr. Hugh B. McManus

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

MOTHER 14. Maiden name Jane Pieper

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

16. (a) Informant Mrs. Ann Pieper

(b) Address 4846 Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3844 Lindell Blvd.

19. (a) JAN 20 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th. year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 7th, 1947, to Jan. 19, 1947 that I last saw him alive on Jan. 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital anomaly	
Due to anacephalus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) —

(b) Date of occurrence —

(c) Where did injury occur? —

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? — (Specify type of place) (e) Means of injury 0

23. Signature Erwin T. Huber (M. D. or other) MD

Address Mo. Theatre Bldg. Date signed 1-20-47

(Licensed Embalmer's Statement on Reverse Side)

~~Metro.~~ Bldg.
Te - 3-2227 - Home

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Te. 3-2227

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.