

FILED JUN 16 1949

STANDARD CERTIFICATE OF DEATH

State File No. 21388

318

1003

Registrar's No. 4920

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 <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Memorial Hosp. 4930 Lindell Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>5 - 5576 Cabanne Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Edward</u> b. (Middle) <u>McManness</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4th 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-9-1876</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Park Plaza Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>George McManness</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Schmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie McManness</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>498-07-9626</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mamie McManness</u> ADDRESS <u>5576 Cabanne Ave</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>5-18-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the stomach.</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) <u>46</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>151X</u>						
22. I hereby certify that I attended the deceased from <u>May 8, 1949</u> , to <u>June 4, 1949</u> that I last saw the deceased alive on <u>June 3, 1949</u> and that death occurred at <u>7:20 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm. J. Swatlow</u> (Degree or title) _____				23b. ADDRESS <u>4930 Lindell Blvd. Saint Louis Missouri</u>		23c. DATE SIGNED <u>644-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>JUN 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beulah Kuehan</u>		ADDRESS <u>1431 Union Blvd.</u>		

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

2-11-12

**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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 2139857

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4920

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of ~~birth~~ death  
for William E. McManness died 6-4-49, 19\_\_\_\_, in the State of  
~~born~~ Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. \_\_\_\_\_ should read Feb. 9- 1876

Instead of \_\_\_\_\_ " 1884

Item No. 9 should read Age 73

Instead of \_\_\_\_\_ 65

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Chris Schmitt Fun. Dir  
Relationship.

1431 N. Huron  
Present Address.

Subscribed and sworn to before me this 29 day of June, 1949

My Commission expires 3-4-53 \_\_\_\_\_  
Earl C. Padden Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

