

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

6466

**1. PLACE OF DEATH**

County.....

Registration District No. *70*

Township.....

Primary Registration District No. *10W3*

City *St. Louis*

No. *1313 A La Salle St*

File No. ....

Registered No. *1790*

St. ....

Ward

**2. FULL NAME** *Darrence J. Mahman*

(a) Residence. No. *1313 A La Salle* St. *7* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *2* yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

*Male*

**4. COLOR OR RACE**

*White*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

*Single*

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** *Dec 25<sup>th</sup> 1908*

**7. AGE**

YEARS *17*

MONTHS *1*

DAYS *23*

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

*Day Labour*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** *Hardin*

(STATE OR COUNTRY)

*Illinois*

**10. NAME OF FATHER** *Ernest Mahman*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Illinois*

**12. MAIDEN NAME OF MOTHER** *Fanny Cavender*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Illinois*

**14.**

INFORMANT *Mr. J. Mahman*

(Address) *1313 A La Salle St*

**15.**

FILED *Feb 20 1926*

19

*Mar. 6 Starkoff*

REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Feb 19<sup>th</sup> 1926*

**17.**

I HEREBY CERTIFY, That I attended deceased from *Feb 17* to *Feb 19*, 1926 that I last saw him alive on *Feb 17*, 1926, and that death occurred, on the date stated above, at *12:05 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Phthisis Intestinalis*

CONTRIBUTORY (SECONDARY)

(duration) *2* yrs. *6* mos. *0* ds.

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *J. Blank*, M. D.

, 19 (Address) *1348 Chouteau Ave*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

*Memorial Park*

*Feb 21 1926*

**20. UNDERTAKER**

ADDRESS

*Geo. Kuegshauser 4104 Manchester Ave*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

