

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

Do not use this space.

0181

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **1338**
St. Ward)

2. FULL NAME

Mrs. Rita E. Mauntel
(a) Residence. No. *Buckingham Hotel 12 Ward.*
(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John J. Mauntel</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Oct 21st 1856</i>		
7. AGE YEARS <i>70</i>	MONTHS <i>3</i>	DAYS <i>15</i>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife 435 335*
(b) General nature of industry, business, or establishment in which employed (or employer) *Retired*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis Mo.

10. NAME OF FATHER

Eugene Miltenberger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Rheims France

12. MAIDEN NAME OF MOTHER

Mary G. Boggy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis Mo.

14.

Informant *Rita Mauntel*
(Address) *Buckingham Hotel*

15.

File No. *7-1927*
Date *Mar 6 1927*
Registrar *Max C. Starckoff*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 6 1927*

17. I HEREBY CERTIFY, That I attended deceased from *10:20* to *7:30* P. M. on *Feb. 6*, 19*27*, that I last saw him alive on *Feb. 5*, 19*27*, and that death occurred, on the date stated above, at *10:40* A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Primary Carcinoma of the neck of Gall Bladder
Cachexia - Indirect brain function
CONTRIBUTORY (SECONDARY) (duration) yrs. *2* mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Buckingham Hotel*

IF NOT AT PLACE OF DEATH... *2*

19. DID AN OPERATION PRECEDE DEATH? yrs. DATE OF *Nov 7-1926*

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Biopsy*

(Signed) *Louis Baerlein*, M. D.

Feb. 7 1927 (Address) *318 University Club Bldg*

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Cemetery

DATE OF BURIAL

Feb 8 19 27

20. UNDERTAKER

Wagner

ADDRESS

3621 Olive

K. 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.

