

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

Do not use this space.

11607

1. PLACE OF DEATH

County.....

Registration District No. *5*

Township.....

Primary Registration District No. *1000*

City *St. Louis Mo. City* (No. *1000*) *Betty Hoosh*

File No. *3453*

Registered No.

St. Ward)

2. FULL NAME *Fred Manska*

(a) Residence. No. *3013 St. Jefferson Ave* *10* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) *Aug 2nd 1884*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

43

7

23

8. OCCUPATION OF DECEASED

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

Heister

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

10. NAME OF FATHER

Fred Manska

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany.

12. MAIDEN NAME OF MOTHER

Minnie Schair

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany.

14.

INFORMANT

(Address)

*Minnie Manska
3013 St. Jefferson Ave*

15.

FILED

19

Mar 27 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 25 1928*

17.

I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that

that I last saw h..... alive on 19....., and that death occurred on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

1.31

930.

CONTRIBUTORY (SECONDARY)

Chronic Myocarditis
Septicemia

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. W. Corne*

3/27, 19*28* (Address) *St. Louis*

*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

Salem

DATE OF BURIAL

Mar 28 1928

20. UNDERTAKER

Wey Leidner and Co. 117 Market St.

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.

DEPARTMENT RECORD

