

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. 1838 Alfred Ave)

File No.....

Registered No.....

(St.)

(Ward)

2. FULL NAME

(a) Residence. No. 1838 Alfred Ave St. 17 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

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Katherine Mantey

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov 4-1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

71

6

27

46

8. OCCUPATION OF DECEASED

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

Book Binder

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

93

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Milwaukee

(STATE OR COUNTRY)

Wis

10. NAME OF FATHER

August Mantey

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Katherine Mantey
1838 Alfred Ave

15.

FILED

2 10 28

19

W. C. Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 1st 1928

17.

I HEREBY CERTIFY, That I attended deceased from

Apr 24

1928, to

June 1

1928

that I last saw him alive on June 1, 1928, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage from primary carcinoma of stomach with metastasis of liver
6 mo. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Ch. Myocarditis

12 yrs (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed)

Dr. G. Tremaine, M. D.

6-1, 1928 (Address) 4448 Shaw Blvd.

*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

DATE OF BURIAL

New St. Marcus

June 4 1928

20. UNDERTAKER

ADDRESS

Wackor-Helderle

2331 S. Broadway

