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

Do not use this space.

8692

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 4964 Walsh ..... St. ..... Ward)

File No. ..... Registered No. 2365

2. FULL NAME Jos H Mamer

(a) Residence. (No. 4964 Walsh St., 14 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: Ella Mamer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 5-1889

7. AGE: Years 39 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad
(c) Name of employer: I.C.R.R.

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: Peter Mamer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lawmoiry
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Lydia Schmidt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT: Mrs Ellen Mamer
(Address) 4964 - Walsh St.

15. FILED ... 21 19.. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1928, to Feb, 1929, that I last saw him alive on Feb 19, 1929, and that death occurred, on the date stated above, at 2 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Encephalitis Acute Lethargic

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91A (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY): Endocarditis Acute

(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? South

DID AN OPERATION PRECEDE DEATH? [redacted] DATE OF [redacted]

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs

(Signed) W Dansbury, M.D.

Feb 20, 1929 (Address) 3258 Lafayette

*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: New Pickers Cem

DATE OF BURIAL: Feb 22 1929

20. UNDERTAKER: Julius H Schmitt

ADDRESS: 3954 Russell Blvd

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.