

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

Do not use this space.

31758

PLACE OF DEATH

County St. Louis

Registration District No. 784

Township St. Ferdinand

Primary Registration District No. 4468

City Edgemoor, Mo. (No. 125)

Harvey Ave. St. _____ Ward)

File No. _____

Registered No. _____

2. FULL NAME Marnie Leng
 (a) Residence. No. 1107 no. 19 St. St., _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. If MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF John Leng

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 4 2

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

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

10. NAME OF FATHER Herman Mahnken

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mr. Herman Mahnken (Address) 125 Harvey Ave

15. FILED 1929 19.29 H. N. Schudde REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1929

17. I HEREBY CERTIFY That I attended deceased from July 10 1929 to Sept 19 1929 that I last saw her alive on Sept 19 1929, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction of uterus
4 1/2 hrs
460
460 (duration) 3 mo. 19 yr.
 CONTRIBUTORY (SECONDARY) Metastatic carcinoma
and liver (duration) 3 mos. 19 yr.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: no DATE OF

DID AN OPERATION PRECEDE DEATH: no DATE OF

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS: Clinical & Lab.
 (Signed) Y. B. Johnson, M. D.
 , 19 (Address) 414 W. 12th St. Mo.

*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 St. Peter's Cemetery DATE OF BURIAL 9-21 1929

20. UNDERTAKER Gen. L. Pleitsch ADDRESS 5966 Easton 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.

96
678
2

PARENTS
10
31

RECORD

18 - 10 - 1918
1 to 2
