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

Do not use this space.

7887

File No. 2256
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 2006 1624
Township ..... Primary Registration District No. .....
City ..... (No. 101 Ferry St. ..... Ward)

2. FULL NAME Martin Mamel

(a) Residence. No. 101 Ferry St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Mary Mamel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	2	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Laborer
(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) Germany

PARENTS

10. NAME OF FATHER unknown
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 Mrs Meyer
(Address) 101 Ferry

15. FILED 1 4 1931 May E Tarkert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-10-, 1931, to 2-17-, 1931 that I last saw him alive on 2-17-, 1931, and that death occurred, on the date stated above, at 4 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

927
CHRONIC-ENDOCORDITIS 97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ARTERIO-SCLEROSIS
EMPHYSEMA-OF LUNGS (duration) yrs. mos. ds.

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. J. Maurer, M. D.
2-19, 1931 (Address) 1458 N 9th

*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 Calvary — DATE OF BURIAL Feb 20 1931

20. UNDERTAKER Benisch-Michaus — ADDRESS 1138 N 6th

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD