

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

Do not use this space.

19413

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
**1083**  
Primary Registration District No.....  
(No. **4054a Labadie Ave**)

File No.....  
Registered No. **5361**  
St..... Ward)

**2. FULL NAME** Renatus A Mangelsdorf

(a) Residence. No. 4054a Labadie St., 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. 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 **Clara Mangelsdorf**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 14 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**58 2 21**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **School Teacher 15**  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **Venedy**  
(STATE OR COUNTRY) **Ill**

10. NAME OF FATHER **Martin Mangelsdorf**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany 14**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **Clara Mangelsdorf**  
(Address) **4054a Labadie**

15. FILED **May 7 1931** REGISTRAR **Wm. C. Starkoff**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 5, 1931 19**

17. I HEREBY CERTIFY, That I attended deceased from **Apr 20**, 19**31**, to **May 5**, 19**31**, that I last saw him alive on **May 5 3:05 P.M.**, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Apoplexy cerebral hemorrhage**

CONTRIBUTORY (SECONDARY) **J. J. W.** (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) **C. Mellie's**, M. D.

**May 7, 1931** (Address) **3825 N 20th**

\*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 **Concordia Cemetery** DATE OF BURIAL **May 8 1931**

20. UNDERTAKER **Thos. H. Berdenwieder** ADDRESS **1936 St Louis**

K. R.—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.

