

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

Do not use this space.

14486

1. PLACE OF DEATH

96 County St. Louis
Township Carondelet
City Koch (No. _____)

Registration District No. 1123
Primary Registration District No. 6248

File No. _____
Registered No. 123
St. _____ Ward _____

2. FULL NAME

Ernest Manche

(a) Residence, No. 4025 Blaine St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. X mos. 11 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED. WIFE OF Carrie Manche

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 1888

7. AGE 45 YEARS MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bldg. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Louis Manche

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Louise Manding

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Koch Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem DATE April 15 1933

19. UNDERTAKER E. B. Schurr (ADDRESS) 3126 Lafayette

20. FILED Apr. 13 1933 G. W. Orndorff Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-33 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1933 to 4-12-33 1933

I last saw him alive on 4-12-33 1933 Death is said to have occurred on the date stated above, 6:30 m.

The principal cause of death and related causes of importance were as follows:

2312
2312
Int. Obst.
Other contributory causes of importance: 23

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury X 1933

Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify Carroll F. Leonard M. D.

(Signed) Koch Hosp (Address)

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

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.

MAY 24 1933

