

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

Do not use this space.

18473

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1002**  
 City **St. Louis** (No. **St. Anthony's Hospital**) ..... Ward

**2. FULL NAME**

(a) Residence, No. **3640<sup>a</sup> Arkansas** St. **12** Ward. (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) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Minnie Walters**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr 17 - 1859**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**73 8 12**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired (fys)**

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

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) **Germany**

13. NAME **George Manly**

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

15. MAIDEN NAME **Wickerson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Katherine A. Pohlmann** (ADDRESS) **3140 Arkansas**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **May 31, 1933**

19. UNDERTAKER **Wacker - Belderle** (ADDRESS) **2331 Broadway**

20. FILED **J. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 29, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **May 28, 1933** to **May 29, 1933**

I last saw him alive on **May 29, 1933** Death is said to have occurred on the date stated above, at **12:30** p.m.

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

**Left Cerebral Hemorrhage.** Duration - **6** hrs.

Other contributory causes of importance: **None**

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **physical and clinical findings.** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify .....

(Signed) **M. P. Peters**, M. D.  
 (Address) **3608 S. Grand Blvd.**

5/29/33

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.

