

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **105**

City **St Louis** (No. **Bethesda Home**)

File No. **24963**
Registered No. **6380**
St. Ward)

2. FULL NAME

Missie Mandell

(a) Residence, No. **3831 Lafayette** St., **17** 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 **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 **Harry Mandell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 1853**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 80 - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at Home**

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) **M**

13. NAME **Adam Krebs**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Lillie Mandell** (ADDRESS) **3831 Lafayette**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **July 24th 1933**

19. UNDERTAKER **Arthur J. O'Shady, Inc** (ADDRESS) **3840 Bethesda Home**

20. FILED **J. F. Bredbeck** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 21st 1933**

22. I HEREBY CERTIFY, that I attended deceased from **July 16** 19**33** to **July 21** 19**33**

I last saw her alive on **July 20** 19**33** Death is said to have occurred on the date stated above, at **7:20** m.

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

Hypostatic Pneumonia
111B
110A

Other contributory causes of importance:
Hemiplegia (left)
Senility

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?..... 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 **O. G. Williamson**, M. D.
(Signed) **3902 Lafayette**
(Address)

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.

AUG 26 1933

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Wm. H. Johnson

3902 Lafayette St.

Br. 8074

~~Ja. 1875~~