

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.

NOV 9 1935

Refused by Coroner
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

Do not use this space.

34128

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No.....
 City *St. Louis* (No. *City St. Louis*)
A 10832 Frank Manley St. Ward

File No.....
 Registered No. **8549**
 St. Ward

2. FULL NAME

(a) Residence, No. *3449^a 2nd* Ward. *24*
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *9* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 HUSBAND OF (OR) WIFE OF *Catherine*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 23 1887*

7. AGE YEARS *53* MONTHS *6* DAYS *17* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. *Steamfitter*

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) *Missouri*

13. NAME *Joseph E. Manley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

15. MAIDEN NAME *Little*

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

17. INFORMANT (ADDRESS) *Wm. J. Kelly St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis* DATE *Oct 12 1935*

19. UNDERTAKER (ADDRESS) *J. P. Frydelski*

20. FILED *OCT 11 1935* 19 *J. P. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 9 1935*

22. I HEREBY CERTIFY, That I attended deceased from *10-9*, 19*35*, to *10-9*, 19*35*. I last saw him alive on *10-9*, 19*35*. Death is said to have occurred on the date stated above, at *6:00* p. m.

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

*Cancer of Esophagus
 Secondary Hemorrhage*

Other contributory causes of importance: *Arteriosclerosis, general.*

Name of operation *none* Date of.....
 What test confirmed diagnosis? *aut necr* 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) *J. P. Bredeck* M. D.
 (Address) *City St. Louis*

