

JAN 13 1936

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

Do not use this space.

40977

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City** **St. Louis**)
Registered No. **10100** Ward

2. FULL NAME

A. 12119 Fannie Mofusch MANSCH
(a) Residence, No. **3739** St. **Ward 6**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **31** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	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 Frank Mofusch				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 - 1862				
7. AGE	YEARS 72	MONTHS 11	DAYS 28	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shop			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home			
	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) Kentucky				
MOTHER FATHER	13. NAME S. P. Brown			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
	15. MAIDEN NAME Nieomy Popwell			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England				
17. INFORMANT (ADDRESS) St. Louis City				
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Chm. DATE Dec. 4, 1935				
19. UNDERTAKER (ADDRESS) W. W. Belark				
20. FILED DEC - 2 1935 J. F. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 1, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **11-1**, 19**35** to **12-1**, 19**35**
I last saw him alive on **12-1-35**, 19**35**. Death is said to have occurred on the date stated above, at **9:05 a.m.**
The principal cause of death and related causes of importance were as follows:
Bronchial Asthma, chr. (allergic)
Date of onset

Other contributory causes of importance: **112**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

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?.....
If so, specify **Ralph W. Barlow, M. D.**
(Signed) **Ralph W. Barlow**
(Address) **City**

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.

