

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.

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

Do not use this space.

JAN 13 1936

41021

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *13253*)

Registration District No. *791*
Primary Registration District No. *1003*

File No.
Registered No. *10198*
St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)
Length of residence in city or town where death occurred *65* yrs. *7* mos. *22* ds. How long in U. S., if of foreign birth? yrs. mos. ds.
George Maennel St. Ward. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Alice Maennel</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 10-1870</i>		
7. AGE	YEARS <i>65</i>	MONTHS <i>7</i>
	DAYS <i>22</i>	IF LESS THAN 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Unemployed</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>See settle</i>
	10. Date deceased last worked at this occupation (month and year)..... <i>St. Louis Mo</i>

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

13. NAME
Cont. Known

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)
W. P. Garrison

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cemetery* DATE *Dec 5* 19*35*

19. UNDERTAKER (ADDRESS)
Edw. H. Howard & Son

20. FILED *3* 1936 19 *H. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 2* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *11-23* 19*35* to *12-2* 19*35*

I last saw him live on *12-2* 19*35*. Death is said to have occurred on the date stated above, at *11:23* a.m.

The principal cause of death and related causes of importance were as follows:
*Old hemiplegia (Cerebral Hemorrhage)
Chronic myocarditis*

Other contributory causes of importance: *930*

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) *W. P. Garrison* M. D.
(Address) *City St. Louis*

