

APR 11 1936

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

Do not use this space.

791

12940

1. PLACE OF DEATH

County St. Louis

Registration District No. 1003

File No. 3006

Township Clay

Primary Registration District No. 1003

Registered No. 3006

City St. Louis

(No. Clay Street #1)

St. 10

Ward

2. FULL NAME

Jessie Manser

(a) Residence, No. 4405
(Usual place of abode)

St. 10

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18/36

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Manser

22. I HEREBY CERTIFY, That I attended deceased from 3/11/36 to 3/18/36. I last saw him alive on 3/18/36. Death is said to have occurred on the date stated above, at 11:20 a.m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1905

Syphilis
Pneumonia

7. AGE YEARS 30 MONTHS 9 DAYS 1 If LESS than 1 day, hrs. or min.

Other contributory causes of importance: 34
miscellaneous

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) St. Louis, Mo.

MOTHER 13. NAME George Grasser

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

15. MAIDEN NAME Della (unk)

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

17. INFORMANT Wm. J. G. G. G. (ADDRESS) Clay Street #1

18. BURIAL, CREMATION OR REMOVAL Calvaria Crematory, 1217 E. 12th St., St. Louis, Mo.

19. UNDERTAKER Bequest, Wash. Co. (ADDRESS) 3601 Washington Bl.

20. FILER J. Bredbeck (ADDRESS) Clay Street #1

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?..... If so, specify.....

(Signed) Jessie Manser M. D.

(Address) Clay Street #1

MAR 19 1936

Registrar.

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.

