80

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 18 1936

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

Do not use this space.

28830

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7597

City St. Louis (No. 5523, Beacon St. ..... Ward)

2. FULL NAME Adams Manz

(a) Residence, No. 5523 Beacon St., 7 Ward. .....
(Usual place of abode) (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: Ma le
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Maarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sophie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 24 1868

7. AGE: YEARS 67 MONTHS 10 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Jugoslavia

FATHER

13. NAME: Michael Manz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jugoslavia

MOTHER

15. MAIDEN NAME: Kathrine Dewald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jugoslavia

17. INFORMANT (ADDRESS): Mrs. Sophia Manz 5523 Beacon

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calva ry DATE 7/21/36, 19

19. UNDERTAKER (ADDRESS): V. A. Stock Und. Co. 2117 E. Grand

20. FILED JUL 18 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy. in attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:00 P.m.

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

Heat Stroke

Date of onset

Other contributory causes of importance:

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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? .....

If so, specify .....

(Signed) Harold [illegible], M. D.

(Address) [illegible]