

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.

DEC 3 1938

43172 ✓

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis (No. St. John's Hospital) St. ..... Ward) 15

File No. ....  
Registered No. 11751

2. FULL NAME Charles E. Mandeville

(a) Residence, No. 4229 So. Grand Ave. St. .... 15 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 Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adelaide M. Mandeville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
56 4 23

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pottery Co.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

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

FATHER  
13. NAME Peter J. Mandeville

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

MOTHER  
15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Adelaide M. Mandeville (ADDRESS) 4229 So Grand Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Church DATE 11-30-38

19. UNDERTAKER Mrs. J. J. Anderson, Registrar (ADDRESS) 412 E. 1st St. St. Louis, Mo.

20. FILED NOV 27 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/16/38 to 11/25/38

I last saw him alive on 11/25/38. Death is said to have occurred on the date stated above, at 11:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Perforating Duodenal Ulcer  
Acute Pancreatitis  
Date of onset 2 hrs

Other contributory causes of importance:  
Ac. Mucous Thrombosis 2 hrs  
# Resection of stomach for G.I. ulcers  
Name of operation G.I. ulcers Date of 11/24/38  
What test confirmed diagnosis? op. King 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 John M. D. Deane, M.D.  
(Signed) 816 Michigan St. St. Louis, Mo. M. D.  
(Address) J. J. Anderson

John, Russell  
mcthp 2-4

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