

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

Do not use this space.

1. PLACE OF DEATH
 96 County
 30 Township
 9 City St. Louis, Mo. (No. City Sanitarium)
 Registered District No. 791
 Primary Registration District No. 1003
 File No. 3562
 Registered No. 595
 St. Ward)

2. FULL NAME Evelyn Mangers
 (a) Residence, No. 4616 Enright St. 12 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 9 yrs. 12 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1877
 7. AGE YEARS 59 MONTHS 9 DAYS 16 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Litchfield 2
 (STATE OR COUNTRY) Illinois

MOTHER FATHER
 13. NAME Peter Mangers

14. BIRTHPLACE (CITY OR TOWN) Luxenburg 10
 (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Oestrich Schmidt

16. BIRTHPLACE (CITY OR TOWN) Fuldo 10
 (STATE OR COUNTRY) Germany

17. INFORMANT R.C. Sinclair, M.D.
 (ADDRESS) 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Litchfield, Ill. DATE Jan. 16 1937

19. UNDERTAKER Albert H. Hoppe Inc.
 (ADDRESS) 429 N. Euclid Avenue

20. FILED JAN 14 1937 19
J. P. Bruck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1937 1937
 22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1936, to Jan 14, 1937
 I last saw her alive on Jan 14, 1937. Death is said to have occurred on the date stated above, at 3:34 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis 11-23-36 (Date of onset)

Other contributory causes of importance:
920

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 P.C. Sinclair, M. D.
 (Signed) P.C. Sinclair, M. D.
 (Address) 5800 Arsenal St.

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.

2
of
M
K
K

TO THE HONORABLE SECRETARY OF THE
TREASURY
WASHINGTON, D. C.
FROM THE
DIRECTOR OF THE
BUREAU OF THE MINT
AND
MAY 19 1900