

DEC 13 1937

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

2  
1  
39874  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **3741a Chouteau Ave** Registered No. **10861**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

**Albert S. Manderbach,**  
(a) Residence, No. **3741a Chouteau Ave.** St. **18**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mary E. Manderbach,</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 1, 1888</b>		
7. AGE	YEARS	MONTHS
	<b>49</b>	<b>7</b>
		DAYS
		<b>21</b>
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Chauffeur</b>		
9. Industry or business in which work was done, as saw mill, bank, etc. <b>Mo. Packing Co.</b>		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) <b>Akron,</b> (STATE OR COUNTRY) <b>Ohio</b>		
13. NAME <b>Dr. Cyrus Manderbach,</b>		
14. BIRTHPLACE (CITY OR TOWN) <b>Unknown</b> (STATE OR COUNTRY)		
15. MAIDEN NAME <b>Unknown</b>		
16. BIRTHPLACE (CITY OR TOWN) <b>Unknown</b> (STATE OR COUNTRY)		
17. INFORMANT <b>Mary E. Manderbach,</b> (ADDRESS) <b>3741 Chouteau Ave.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Laurel Hill</b> DATE <b>Nov. 24, 1937</b>		
19. FUNERAL DIRECTOR <b>Wacker-Helderle</b> (ADDRESS) <b>2331 S. Broadway</b>		
20. FILED <b>NOV 24 1937</b> <b>J. Bredeck</b> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 22 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 15, 1937** to **Nov. 22, 1937**  
I last saw him alive on **Nov. 22, 1937** Death is said to have occurred on the date stated above, at **9:15 P.M.**  
The principal cause of death and related causes of importance were as follows:  
**Pneumonia, lobar**

Date of onset **Nov. 15/37**

Other contributory causes of importance  
**108**

Name of operation **None** Date of.....  
What test confirmed diagnosis? **Physical** 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) **Alfred M. Langewach, M. D.**  
(Address) **5427 Southwest Ave**

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.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Dyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

No. 2645 L. E. or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank J. Dyland  
Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)