DEC 28 1937

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

42426
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 790
(b) Township ~~Clayton~~ — Primary Registration District No. 6033c — Registered No. 403
(c) City Clayton — (d) Street No. St. Louis County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME John A. Mandeville Sr.
(a) Residence, No. 3098 Marion St. Overland, Mo.
(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: Male
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (*write* the word): Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Birdie Mandeville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 2, 1870

7. AGE: 67 YEARS, 3 MONTHS, 30 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Peddler
9. Industry or business in which work was done, as saw mill, bank, etc.: self
10. Date deceased last worked at this occupation (month and year): 10/2/37
11. Total time (years) spent in this occupation: 5yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER
13. NAME: Wm. Mandeville
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Martha Peters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): John A. Mandeville Jr. 3098 Marion Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE 11-3-37, 19

19. FUNERAL DIRECTOR (ADDRESS): Baumann Bros. Inc. 2504 Woodson Rd - Overland, Mo.

20. FILED 11/3, 1937 Dr. A. J. Liguorelli, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident. Struck by automobile while a pedestrian on a public highway.	10/24/37
Other contributory causes of importance: Fractured skull.	10/24/37

Name of operation: None — Date of —
What test confirmed diagnosis? Physical signs — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident — Date of injury 10/24, 1937
Where did injury occur? Overland, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury: Struck by auto.
Nature of injury: Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell, M. D.
(Address) Coroner, St. Louis Co.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)