

REC'D MAR 13 1939

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

4370

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. St. Anthony's Hospital Registered No. **1063**
(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) St.

2. PRINT FULL NAME Elizabeth Mannebach

(a) Residence, No. 3209 Dakota St. 15 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Mannebach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 22 1856</u>		
7. AGE <u>83</u>	YEARS <u>-</u>	MONTHS <u>-</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Work</u>	
	9. Industry or business in which work was done, as 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) <u>Unknown</u>	9 6 1 9	
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>M Grafeman Kingsway Hotel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Picker</u>	DATE <u>Feb. 2 1939</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wm. Schumacher 3013 Keramec St.</u>		
20. FILED FEB 2 1939	<u>J. D. Prudeck</u> Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 26, 1939, to Jan 31, 1939.
I last saw her alive on Jan 30, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:
Arteria Sclerosis Date of onset

Other contributory causes of importance:
apoplexy

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 W. B. Adensted, M. D.
(Signed)..... (Address) 4572 Virginia

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Clarence Jochow, or by *me*

Registered Apprentice No., working under my personal supervision.

Signed *Clarence Jochow*

Licensed Embalmer No. *3093*

P. O. Address *3013 Meram*

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.)

If this body is not embalmed, above space should be left blank.