

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.

REC'D MAR 9 1939

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

7787
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284
 (b) Township Normandy Primary Registration District No. 200
 (c) City Normandy, Mo. (d) Street No. 97 Greendale Drive Registered No. 293
 (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 Fred Mansmann

(a) Residence, No. 97 Greendale Drive St.
 (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 Mary Mansmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1850.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 7 I

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Germany

FATHER
 13. NAME Alfred Mansmann

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

MOTHER
 15. MAIDEN NAME Don't Know

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

17. INFORMANT Mrs. George Sylvia
 (ADDRESS) 97 Greendale Drive

18. BURIAL, CREMATION, OR REMOVAL
WORCESTER, MASS. DATE Feb. 20/39.

19. FUNERAL DIRECTOR Jos. W. Clark
 (ADDRESS) 1125 Hodiadmont Ave.

20. FILED FEB 19 1939 D. R. Mansmann
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19/39. 19

22. I HEREBY CERTIFY, that I attended deceased from Jan 37 to Feb 17 1939
 I last saw him alive on Feb 17 1939 Death is said to have occurred on the date stated above, at 6.00 A.M.

The principal cause of death and related causes of importance were as follows:

Congestive General Arteriosclerosis 1934
Intestinal diverticula 1937
Scurvy

Other contributory causes of importance:
General Arteriosclerosis 1937
Chronic dyspepsia

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? No
 If so, specify _____

(Signed) Henry Dalton, M. D.
 (Address) 4397 West Pine

Dr. Henry Dalton,
4397 West Pine,
Je. 8727.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark..... Licensed Embalmer No. I66I.

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

Jos. W. Clark

Licensed Embalmer No. I66I.

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.)