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 NOV 13 1939

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

Do not use this space.

34570

File No. 1791

Registered No. 9108

1. PLACE OF DEATH
County MISSOURI BAPTIST HOSPITAL Registration District No. 1008
Township Primary Registration District No.
City St. Louis, Mo. (No. , St. Ward)

2. FULL NAME MANGOGNA (Stillborn) 57.2;
(a) Residence, No. 2823 University St. 220 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 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):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1939.
7. AGE: Years: Still born; Months; Days; If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 0

FATHER
13. NAME STANLEY MANGOGNA 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 0

MOTHER
15. MAIDEN NAME SADIE SIRNA
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Mrs. S. Mangogna

18. BURIAL, CREMATION, OR REMOVAL
PLACE CITY CEMETERY DATE 10-2-1939

19. UNDERTAKER Ira Hamilton
(ADDRESS) City Health Dept

20. FILED OCT 25 1939 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ? stillbirth on Sept 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from , 19, to 9/2/, 1939
I last saw h ? alive on , 19 Death is said to have occurred on the date stated above, at 4/15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
? Stillborn	

Other contributory causes of importance:
?

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? No
If so, specify
(Signed) H. M. Rosenstein M. D.
(Address) Wall Bldg. St Louis, Mo.