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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5116

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 1364

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4679 Tesson Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 48years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0002

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4679 Tesson Avenue 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 48 years 0 years.

3. (a) PRINT FULL NAME MRS. AUGUSTA MANTEI

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August Mantei 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 17, 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Unknown 4 Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business _____

FATHER
12. Name Louis Manthey
13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emilie Lang
15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Mantei
(b) Address 4679 Tesson Avenue

17. (a) Burial (b) Date thereof Feb. 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Seiderwieden Fun'l Home Inc
(b) Address 1936 St. Louis Avenue

19. (a) FEB 11 1941 (b) J. N. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th
year 1941 hour 8 minute 55 A. M.

21. I hereby certify that I attended the deceased from 2-27, 1940, to 2-8, 1941;
that I last saw her alive on 2-7, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes mellitus	7
Due to	
Due to gangrene - foot at	2 mo
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
(e) While at work? _____ (f) Means of injury _____

23. Signature [illegible] (M. D. or other) M.D.
Address 1803 [illegible] Date signed 2-10-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pyne
18th Pistalozzi

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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

If this body is not embalmed, fact should be so stated above.