

FILED MAR 13 1948
Registration District No. 318

MAR 13 1948

STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registrar's No.

2016

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ROBERT MANTEY Sr.

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased August 29, 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 28 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business _____

MOTHER FATHER

12. Name August Mantey

13. Birthplace Milwaukee Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Minnes

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Genevieve Steinbruegge

(b) Address 1208 North Union

17. (a) cremation (b) Date thereof March 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director J L Ziegenhein & Sons, Inc.

(b) Address 7027 Gravois

19. (a) FEB 29 1948 (b) J. F. Brueck
(Date received at registrar's office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2854 ACCOMAC Memorial
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th
year 1946 hour 8:10 minute A M.

21. I hereby certify that I attended the deceased from 2/25/46
_____ 19____ to 2/27/46 19____;
that I last saw him alive on 2/27/46 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Right Mid Lobe Lobar Pneumonia Duration 2 wks.

Due to Right Mid Lobe carcinoma, Type Unknown 3 yrs.

Due to _____

Other conditions: Right spontaneous pneumothorax 1 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

23. Signature J. F. Brueck (Date signed) 2/27/46
Address _____

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

6662

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 W. G. Peterson
Licensed Embalmer No. 3767
P. O. Address Overland, Mo.

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, fact should be so stated above.