No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18072

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1071

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: PINE CREST HOMES 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9/3/41 (Specify whether

In this community 5/13/46 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~ 000

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

(d) Street No. 3209 Dakota 9 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MANNEBACH RUDOLPH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased AUGUST (Month) 27 (Day) 1876 (Year)

8. AGE: Years 69 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

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

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs William Grafeman

(b) Address Congress Hotel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-46 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem

18. (a) Signature of funeral director Louis H Bopp Inc

(b) Address Kirkwood, Mo

19. (a) 5-17-46 (Date received local registrar) (b) E J McGowan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 23rd, 1946 to May 13th, 1946 that I last saw him alive on April 12th, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to 131 b

Due to

Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

While at work? (e) Means of injury

23. Signature R. W. Jansen (M. D. or other)

Address Manchester, Mo Date signed May 14/46

(Licensed Embalmer's Statement on Reverse Side)

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.....Felix Durand.....

Licensed Embalmer No.....3034.....

P. O. Address.....Kirkwood 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.