

FILED APR 8 1947
Registration District No. **1818**

Primary Registration District No. **1003**

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:
3430 Arsenal St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3430 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No).....
If yes, name country.....

3. (a) PRINT FULL NAME

Julia W. Mantel

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Eugene Mantel 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 14 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 12 hr. min.

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

10. Usual occupation Housework

MOTHER FATHER { 11. Industry or business.....
12. Name Unkn. Grauwinkel 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unkn.
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Saboma Raschey
(b) Address 3430^a Arsenal St.

17. (a) Burial (b) Date thereof 3-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vallhalla Lem
18. (a) Signature of funeral director Witt Bro. Co.
(b) Address 2924 S. Jefferson Av.

19. (a) MAR 27 1947 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
year 1947 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from Feb 15/47
to March 25, 1947 to.....
that I last saw h. ei alive on March 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cirrhosis
Due to Chronic hepatitis
intoxicated

Duration

141

141

Other conditions (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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. O. Beck (M. D. or other).....
Address 2403 W. Libby Date signed 3/26/47

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson Ave

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.