

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9753

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles Rural Rt #2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Rt #2</u> <u>0920</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rt #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Rt #2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rev. Martin</u> b. (Middle) _____ c. (Last) <u>Mangelsdorf</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 27 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 17 1870</u>	9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u>	11. BIRTHPLACE (State or foreign country) <u>Bloomington Ill</u>	
13a. FATHER'S NAME <u>Ernest Mangelsdorf</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Wildermuth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>August Mangelsdorf</u>			ADDRESS <u>Rt #2 St Charles Mo</u>	

13a. FATHER'S NAME <u>Ernest Mangelsdorf</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Wildermuth</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Gockel Mangelsdorf</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>August Mangelsdorf</u>	
				ADDRESS <u>Rt #2 St Charles Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		<u>25 yrs.</u>	
		DUE TO (c) <u>Hypertensive Heart Disease</u>		<u>20 yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTORSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12-2 1949, to 3-27 1951, that I last saw the deceased alive on 3-27 1951, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. J. Lawrence</u>		23b. ADDRESS <u>114 N. Main St. Charles Mo</u>		23c. DATE SIGNED <u>30 MAR 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 30 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Antonio Missouri</u>	

DATE REC'D BY LOCAL REG. <u>4/1/51</u>		REGISTRAR'S SIGNATURE <u>Francis H. Havel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Paul</u>	
				ADDRESS <u>St Charles Mo.</u>	

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 9 1951

RECEIVED

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Charles J. Mack*

Licensed Embalmer No.

4530

P. O. Address

*St. Charles*

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.