

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14933

1. PLACE OF DEATH

County Registration District No. 702
Township Primary Registration District No. 1005
City St Louis Mo (No. City Hospital #2)

File No.
Registered No. 5092
St. Ward)

2. FULL NAME

Sheridan Mance
(a) Residence, No. no 703 me St. 21 Ward.

Length of residence in city or town where death occurred unknown yrs. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Coe 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-17-1884

7. AGE YEARS 48 MONTHS DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Subvers 237
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER 13. NAME Henderson Mance

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Mary Honey

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT A Strunk Creath (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE 5-3 1932

19. UNDERTAKER Walter Richter (ADDRESS) 1000 Richter St

20. FILED MAY 20 1932 May 20 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1932 to 4-28, 1932

I last saw him alive on 4-28, 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

23A
Pulmonary Tuberculosis
Other contributory causes of importance: 23 B

Name of operation Date of
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. Smith, M. D.
(Address) CITY HOSP. NO. 2

