JAN 24 1939

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

43026
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade — Registration District No. 303
(b) Township Roark — Primary Registration District No. 5420 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FELIX MUNDWILLER SR
(a) Residence, No. Gasconade County, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	11	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 8/1/38
11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Berger, Missouri

FATHER
13. NAME Baltzer Mundwiller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Magdalina Fritz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Gilbert Mundwiller
(ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. George's Cem DATE 12/21 1938

19. FUNERAL DIRECTOR HUGO H. BLUMER
(ADDRESS) HERMANN, MISSOURI

20. FILED 12-19- 1938 Arnold Rickhoff
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18/1938 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1938 19 to Dec. 18, 1938 19
I last saw him alive on 12/18/38 19 Death is said to have occurred on the date stated above, at 3:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify.
(Signed) Howard Shortemeier, M. D.
(Address) Hermann, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

BOM-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, HUGO H. BLUMER, Licensed Embalmer No. 3160

hereby certify that the body recorded on the reverse side of this certificate was embalmed by HUGO H. BLUMER

L. E.

No. 3160 or by, Registered Apprentice No.

working under my personal supervision.

Signed Hugo H Blumer

Licensed Embalmer No. 3160

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.)