

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

K. 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

791
1003

13463
Do not use this space.

REC'D MAY 10 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **3805**
 (c) City St. Louis or (d) Street No. St. Anthony's Hospital 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John Mundweil

(a) Residence, No. 2229 S. 10th St. St. 23 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Mundweil</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2, 1879</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>2</u>	DAYS <u>21</u>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Painter</u>	
	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)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>	
	13. NAME <u>John Mundweiler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Hausman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hungary</u>	
17. INFORMANT <u>Mrs. Anna Mundweil</u> (ADDRESS) <u>2229 S. 10th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Youngstown, Ohio</u> DATE: <u>4/25/39</u> 19..		
19. FUNERAL DIRECTOR (NAME) <u>Weick Bros. Und. Co</u> (ADDRESS) <u>2201 S. Grand Bl.</u>		
20. FILE <u>APR 24 1939</u> <u>J. J. [Signature]</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1939, to Apr. 23, 1939
 I last saw him Alive on Apr. 23, 1939 Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy (Cerebral)
 Other contributory causes of importance:
Pneumonia Broncho
 Name of operation..... Date of.....
 What test confirmed diagnosis? By Sanborn Test Was there an autopsy?.....
 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) Robert S. [Signature], M. D.
 (Address) 1115 Paul Brown Bldg

Date of case Feb 9 39
Apr 19 39

Dr. Robt. H. Morrison
Paul Thomas Blahy

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 Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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, above space should be left blank.