

Registration District No. **791** Primary Registration District No. **1003**

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:
5082 Geraldine Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
 (Specify whether years, months or days)
 In this community **Unknown**

3. (a) PRINT FULL NAME **John Mundschenk Sr.**3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **Minnie Mundschenk nee Hinz** 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased **August 5, 1874**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 **5** **25** hr. min.9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Automobile painter**

11. Industry or business

MOTHER FATHER
 12. Name **Peter Mundschenk**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Katherine Otto**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Minnie Mundschenk**(b) Address **5082 Geraldine Ave**17. (a) **Burial** (b) Date thereof **2/2/40**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **New St. Marcus Cem.**18. (a) Signature of funeral director **Math Hermann & Son**(b) Address **2161 East Fair Ave**19. (a) **FEB 1 1940** (b) **J. D. [Signature]**
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL") **7**
 (d) Street No. **5082 Geraldine Ave**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

NO ATTENDING MEDICAL CERTIFICATION
PHYSICIAN20. DATE OF DEATH: Month **January** day **30th**
year **1940** hour **9:30 AM** minute _____ M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death **Coronary Occlusion; Arterio Sclerosis** Duration _____

Due to _____

Due to _____

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) (b) Means of injury **4**23. Signature **[Signature]** (M. D. or other) _____
Address **[Signature]** Date signed **2-1-40**

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo.

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.