

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 33 yrs. 5 mos. 23 days
 (Specify whether years, months or days)
 In this community 79 yrs.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Munderscheid3. (b) If veteran, name war. No 3. (c) Social Security No. No4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife. Single 6. (c) Age of husband or wife if alive. _____ years7. Birth date of deceased 8-9-1856
(Month) (Day) (Year)8. AGE: Years 83 Months 6 Days - If less than one day _____ hr. _____ min.9. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business

12. Name William Munderscheid13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)14. Maiden name Annie C. Wridmann
(City, town, or county) (State or foreign country)
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature L. Negeandorf(b) Address City Sanitarium17. (a) Burial (b) Date thereof 2/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Friedens Cemetery18. (a) Signature of funeral director Math. Hermann & Son(b) Address 2161 East Fair Avenue19. (a) FEB 12 1940 (b) _____
(Date received local 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")
 (d) Street No. 4115 Walbridge Place
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9th.
year 1940 hour 10:45 minute _____ P. M. A. M.21. I hereby certify that I attended the deceased from
July 1, 1939 to Feb. 9th. 1940
that I last saw her alive on Feb. 9th. 1940.
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis 7-39x
Duration _____Due to Arteriosclerosis 7-39x

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy No

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) (e) Manner of injury _____

23. Signature W. Lanecker (M. D. or other) _____
Address 5400 Date signed _____

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.