FILLED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18303

State File No. 8

Registration District No. 492 Primary Registration District No. 5652 A Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN CO MO

(b) City or town OLD MONROE MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County [redacted]

(c) City or town St Louis Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 5456 MELENTZ AVE (If rural, give location)

(e) If foreign born, how long in U. S. A.? ST. LOUIS/M years.

3. (a) PRINT FULL NAME HUBERT MUNDWILLER.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race White

6. (a) Single, ~~widowed, married~~, ~~divorced~~ 0

6. (b) Name of husband or wife

6. (c) Age of ~~husband~~ or wife if alive years

7. Birth date of deceased Dec (Month) 2 (Day) 1924 (Year)

8. AGE: Years 16 Months 5 Days 29 If less than one day hr. — min.

9. Birthplace St Louis (City, town, or county) O Mo (State or foreign country)

10. Usual occupation Student

11. Industry or business —

FATHER
12. Name Erwin Mundwiller
13. Birthplace Herman (City, town, or county) O Mo. (State or foreign country)

MOTHER
14. Maiden name Mueller
15. Birthplace Herman (City, town, or county) O Mo. (State or foreign country)

16. (a) Informant's own signature Erwin Mundwiller

(b) Address 5456 Melentz St Louis Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation St Louis Mo.

18. (a) Signature of funeral director Kriegshauser Co.

(b) Address St. Louis Mo.

19. (a) 6-4-41 (Date received local registrar) (b) P. C. Heimbit (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1941 hour 11 minute 5 a M.

21. I hereby certify that I attended the deceased from —, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidental Death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Come to his death by auto accident

Of autopsy Juries verdict

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) Accident

(b) Date of occurrence June 2 - 1941

(c) Where did injury occur? Near Old Monroe Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway #79 (Specify type of place)

While at work? (e) Means of injury

23. Signature M. P. Riddle Coroner

Address Troy Mo Date signed 6/3/41

(Licensed Embalmer's Statement on Reverse Side)

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.

17Dcb
98

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 Ed Keithley

Licensed Embalmer No. 8 2 51

P. O. Address O'Fallon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
—4-25-41
PI X27852

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STANDARD CERTIFICATE OF DEATH

State File No. 18303

Registration District No. 492 Primary Registration District No. 5652A Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Monroe T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5456 Mileuty ave
(If rural, give location)
(e) Citizen of foreign country No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hubert Mundwiller
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive year
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 16 Months 5 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death accidental death
Due to Came to his death by auto accident (Losing Control of Car)
Due to Jury Verdict
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Driver Lost Control of Car
Of autopsy going into ditch + abutment

Duration

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) acc
(b) Date of occurrence 6-2-1941
(c) Where did injury occur? Near old Monroe Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hgwy 9. State Maintained (Specify type of place)
While at work? (e) Means of injury
23. Signature M. P. Riddle Coroner
Address Troy Mo Date signed 6/2/41