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4-41
7-39
X28390

Registration District No. **791**

Primary Registration District No.

Registrar's No. **9844**

1. PLACE OF DEATH:

(a) County. **MO**
(b) City or town. **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **CITY HOSP. #1.**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution. **1 DAY.**
(Specify whether **LIFE**)
In this community **LIFE**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **MISSOURI.** (b) County. **000**
(c) City or town. **ST. LOUIS.** **9 15**
(If outside city or town limits, write "RURAL")
(d) Street No. **1528 OBEAR AVE**
(If rural, give location) **0**
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME **ANNA MUNDT**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced. **MARRIED**

6. (b) Name of husband or wife. **BERNARD MUNDT** 6. (c) Age of husband or wife if alive. **82**

7. Birth date of deceased. **DEC. 20TH 1878**
(Month) (Day) (Year)

8. AGE: Years **63** Months **11.** Days **21.** If less than one day
— hr. — min.

9. Birthplace **ST. LOUIS MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business **AT HOME**

12. Name **HENRY GADELL**

13. Birthplace **ST. LOUIS MO. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **THERESA HANSES**

15. Birthplace **NEW ATHENS. ILL 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bernard Mundt**
(b) Address **1528 OBEAR AVE**

17. (a) **BURIAL** (b) Date thereof **DEC 13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETARY**

18. (a) Signature of funeral director **Brookland Bur Co**
(b) Address **1827 HOGAN STR**

19. (a) **DEC 12 1941** (b) **J. F. Bulech**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **11TH**
year **1941** hour **12:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Apr. 10, 1940** to **Dec. 11, 1941**
that I last saw her alive on **Dec 9,** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: **Diabetic coma**

Due to **Diabetic mellitus**

Due to _____

Other conditions: **601**
(Include pregnancy within 3 months of death)

Major findings: **19**
Of operations: _____

Of autopsy: **51**

Duration

3 day.

yr.

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) Means of injury _____

23. Signature **Aut Dunbar** (M.D. or other) **M.D.**

Address **2202 University** Date signed **12/11/41**

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, fact should be so stated above.