

FILED JUN 22 1942

Registration District No. 108

Primary Registration District No. 200

Registrar's No. 1295

1. PLACE OF DEATH:

(a) County ST. Louis
 (b) City or town RR #2 - Box 548 - Clayton
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST. Louis
 (c) City or town _____
 (d) Street No. RR #2 - Box 548 - Clayton
 (e) Citizen of foreign country? _____
 If yes, name country _____

3. (a) PRINT FULL NAME MARY MUMMERT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F I 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife CHRISTIAN MUMMERT 6. (c) Age of husband or wife if alive 88 years
 7. Birth date of deceased JAN 1855

8. AGE: Years 87 Months 5 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Mo. 0

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 12. Name WM. TEICH
 13. Birthplace 4 GERMANY
 14. Maiden name MARY HERPST
 15. Birthplace 4 GERMANY

16. (a) Informant Mary Mummert

(b) Address 8701 Burton

17. (a) Burial (b) Date thereof 6/12/42

(c) Place: burial or cremation Laurel Hill Cem

18. (a) Signature of funeral director Louis J. Bopp

(b) Address Kilwood

19. (a) JUN 11 1942 (b) J. M. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11 year 1942 hour 1 minute 0 a.m.
 21. I hereby certify that I attended the deceased from 5/18 to 6/11 1942
 that I last saw him alive on 6/3 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Due to Senility
 Due to _____

Other conditions Arteriosclerotic heart - function 5/18/42
 (Include pregnancy within 3 months of death)
 Major findings: of death (degn)
 Of operations no cause of death present
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accid
 (b) Date of occurrence 5-18-42
 (c) Where did injury occur? Home - San Louis
 (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 John ... (M. D. or other) _____
 Address 10300 ... Date signed 6/12/42

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

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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 John M Meyer

Licensed Embalmer No. 13788

P. O. Address Kirkwood, 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, fact should be so stated above.