

S. No. 2  
M-2-43  
5-17-38  
I X385

23303

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 8 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 6796

1. PLACE OF DEATH: 318

(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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days  
(Specify whether

In this community 28 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 2220 R. Clark  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Mumford

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

4. Sex M 5. Color of race Col 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July (Month) 5 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	0	19	hr. _____ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) Ill (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Mumford

13. Birthplace \_\_\_\_\_ (City, town, or county) Ill (State or foreign country)

14. Maiden name Emeline Harris

15. Birthplace \_\_\_\_\_ (City, town, or county) Ill (State or foreign country)

16. (a) Informant Jane M. Mullin

(b) Address 205 So 22nd

17. (a) Burial (burial, cremation, or removal) (b) Date thereof July 28, 1943

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Lawton

19. (a) JUN 28 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24, year 1943 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 17, 1943, to July 24, 1943; that I last saw him alive on July 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (Autopsy) Terminal Aortic Stenosis (Autopsy) Unk.

Due to non-syphilitic

Due to 92

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

Duration Terminal Unk. 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 S. J. Smith (M. D. or other) Address 2601 Whittier Date signed 7/26/43

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 Lida Hughes

Licensed Embalmer No. 2938

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, fact should be so stated above.**