

FILED JUL 17 1943 18

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence; 6190 Washington Blvd.,
(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 _____
 (c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6190 Washington Blvd.,**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Philip H. Mundt.**

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

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**

6. (b) Name of husband or wife **Amelia K. Mundt** **6. (c) Age of husband or wife if alive** **?** years

7. Birth date of deceased **Jan. 15 1879**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	5	22	hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Book keeper**

12. Name **Henry Mundt.**

13. Birthplace **unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Wilhelmina Brandenburger.**

15. Birthplace **Smithton, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Amelia K. Mundt.**

(b) Address **6190 Washington Blvd.**

17. (a) Burial **(b) Date thereof** **7-8-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **7233 Delmar, Blvd.,**

19. (a) Received local Registrar **(b) J. F. Bradeck**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6th**
 year **1943** hour **10 15** minute **A** M.

21. I hereby certify that I attended the deceased from **Sept 1**
 _____, 19 **43** to **July 6**, 19 **43**
 that I last saw him alive on **July 1st**, 19 **43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Arterio Sclerotic Inflammation (Rheumatic)**

Other conditions **92**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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) _____
 (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) (2) Means of injury

23. Signature **J. F. Bradeck** (M. D. or other) _____
 Address **23 Bradeck** Date signed **7/6/43**

Dr. King: Stevenson
3720 Washington
J.E. = 6204
2-4 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - 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.