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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

Registration District No. 377

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 22531

Registrar's No. 1449

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton ~~Twp.~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town Valley Park
(If outside city or town limits, write "RURAL")

(d) Street No. 708 Marshall ave
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES W. MUNGO or Moungo

3. (b) If veteran, name war World War I

3. (c) Social Security No. 702-039280

4. Sex Male

5. Color or race Negro

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

6. (b) Name of ~~husband~~ or wife Elizabeth Mungo

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May (Month) 9th (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	1	22	hr. min.

9. Birthplace Valley Park (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Wallace Mungo
13. Birthplace ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Duncan
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Mungo
(b) Address 708 Marshall ave Valley P. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-1944 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery Jeff. Bar

18. (a) Signature of funeral director John H. Hempfell
(b) Address 408 S. Fillmore W. Kirkwood Mo

19. (a) JUL 6 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1944 hour 11:30 minute 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.

Immediate cause of death Result of being struck by Frisco train.

Due to Decapitation; Crushed chest; Multiple fractures of the head,

Due to spine, pelvis & extremities.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No.

Duration

169-6

30

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 July 1, 1944

(c) Where did injury occur? Wilshusen & Frisco trks.
(City or town) (County) (State)

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

While at work? (e) Means of injury 3

23. Signature H. S. Neyfogle, M.D. Dep. Coroner (M. D. or other)

Address 601 Brentwood Date signed 7/3/44

707 (Licensed Embalmer's Statement on Reverse Side)

JAN 12 1949

JUL 10 1949

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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2266

P. O. Address 2812, Thomas St.

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, fact should be so stated above.