. S. No. 2
M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32845

Registration District No. 518

Primary Registration District No. 1003

Registrar's No. 8813

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Childens Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community years, months or days) Life (Jerry Winston Mundell.)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7709 Trenton Ave 5
(If rural, give location) N.R.
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Jerry Winston Mundell
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 18 - 1935 (Month) (Day) (Year)

8. AGE: Years 12 Months 1 Days 1 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation School Student
11. Industry or business

FATHER
12. Name Jerry H. Mundell
13. Birthplace Benton, Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eulah Brooks
15. Birthplace Ellington, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Jerry H. Mundell
(b) Address 7709 Trenton Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Laural Hill Cemetery
18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) SEP 20 1947 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19 year 47 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from 8-25-1947 to 9-19-1947 that I last saw him alive on 9-19-1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Nephrolithiasis, Uremia.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature (M. D. or other)
Address Date signed

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

8813

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 Harold C. Kirk, Registered Apprentice No. 4, working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.