5. No. 300
7. 10.48

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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32577

BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6076 Registrar's No. 6122

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo
c. LENGTH OF STAY (in this place): 113 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Ga
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Millstadt
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): A.
c. (Last): MUNDINGER

4. DATE OF DEATH (Month) (Day) (Year): 9/4/49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 9/28/70
9. AGE (In years last birthday): 78 yrs — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Waterloo, Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Mundinger
13b. MOTHER'S MAIDEN NAME: Mary Eichholz
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: EUGENE F. NOLAN, REGISTRAR, VET. ADM. HOSP., JEFFERSON BARRACKS, MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 mm

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 420.0
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/14/, 1949 *to* 9/4/, 1949, *that I last saw the deceased alive on* 9/4/, 1949, *and that death occurred at* 2:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald W. Bussmann (Degree or title) M.D.
23b. ADDRESS
23c. DATE SIGNED: 9/4/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-7-49
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL
24d. LOCATION (City, town, or county) (State): Jefferson Bks Mo.

DATE REC'D BY LOCAL REG.: 9-12-49
REGISTRAR'S SIGNATURE: Rhodant R. Hoerle Dm
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: C. HOFFMEISTER U&L CO. ST. LOUIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

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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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.