

No. 360  
10/48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3587

State File No. ....

XC-1 209 921

Reg. 115,923

FILED JAN 14 1954

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 69

4000  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VENEDY</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>BOX 3</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) <u>Otto</u>	b. (Middle) <u>F.</u>	c. (Last) <u>MUNDWILLER</u>	(Month) (Day) (Year) <u>1-7-54</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>8-5-1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UPHOLSTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UPHOLSTERING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Mundwiller</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Buschulte</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>YES WW-I</u>	16. SOCIAL SECURITY NO. <u>190 14 8547</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>CHRONIC PYELONEPHRITIS</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>URETERO SIGMOIDOSTOMY</u>  DUE TO (c) <u>POST-OPERATIVE CANCER OF BLADDER</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BRONCHO PNEUMONIA</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1-4-54, to 1-7-54, and that he died on 1-7-54 at 2:00 P.M., and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R.R. Allen</u>	R.A. Allen (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>VA HOSP. JEFF. BRKS., MO.</u>	23c. DATE SIGNED <u>1-7-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-11-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NAT'L CEM</u>	24d. LOCATION (City, town, or county) (State) <u>JEFF BRKS, MO</u>
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DATE REC'D BY LOCAL REG. <u>1/9/54</u>	REGISTRAR'S SIGNATURE <u>Heberd L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>	ADDRESS <u>6322 S. GRAND BLVD.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.

Signed

*David Van Fossen*

Student .....

Student Embalmer

Licensed Embalmer No. 42820

P. O. Address 6322 So Blvd

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.