

No. 300
10-48

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15163**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **907**

1. PLACE OF DEATH a. COUNTY ST. LOUIS.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY ST. LOUIS.	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Normandy Village 31.)	c. LENGTH OF STAY (In this place) 6	c. CITY OR TOWN MOLINE - 4000	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC		e. STREET ADDRESS (If rural, give location) 2131 Kappeler Dr. At: 11/21/56	

3. NAME OF DECEASED (Type or Print)	a. (First) HENRIETTA	b. (Middle) SOPHIA	c. (Last) MUNDT	4. DATE OF DEATH (Month) (Day) (Year) 3 31 56
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug. 19-1885	9. AGE (In years last birthday) 70	10. UNDER 1 YEAR (Month) (Day) (Year)	11. UNDER 1 MRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) OKAWVILLE ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM WINKELMANN	13b. MOTHER'S MAIDEN NAME Henrietta Bordewisch	14. NAME OF HUSBAND OR WIFE (Deceased) CHRISTIAN B. MUNDT.
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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) NO	16. SOCIAL SECURITY NO. 770.	17. INFORMANT'S SIGNATURE OR NAME (Deceased) ADDRESS Dr. C. N. Kalam 2131 Kappeler Dr.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) General Arteriosclerosis		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 331X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **3/10**, 19**56**, to **3/31**, 19**56**, that I last saw the deceased alive on **3/31**, 19**56**, and that death occurred at **11:45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. N. Kalam M.D.	23b. ADDRESS 730 Florence St.	23c. DATE SIGNED 4/1/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 4-3-56	REGISTRAR'S SIGNATURE Herbert R. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Walter G. Bunsley*.....
Licensed Embalmer No. *4202*
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.