

FILED JUN 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 27 6 6  
State File No.

5569  
Registrar's No.

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5569</b>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY				
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>37 Yr.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4989 WISE AVE</b>				e. STREET ADDRESS (If rural, give location) <b>4989 WISE AVE</b>				
3. NAME OF DECEASED (Type or Print) <b>ERNST</b>			a. (First)		b. (Middle)		c. (Last) <b>MUND</b>	
4. DATE OF DEATH <b>6-12-1957</b>		(Month) (Day) (Year)		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>3-23-1889</b>		9. AGE (in years last birthday) <b>68</b>		IF UNDER 1 YEAR: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CAR INSPECTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAIL ROAD</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. CHAIR COUNTY, ILL</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>AUGUST MUND</b>		13b. MOTHER'S MAIDEN NAME <b>DORA GRAEF</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>		16. SOCIAL SECURITY NO. <b>487-22-7042</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. IONE NEIGER 6065 WANDA</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation</b> ANTECEDENT CAUSES <b>Arteriosclerotic heart disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>3 YRS</b> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>3 YRS</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>				20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
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)				
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?				
22. I hereby certify that I attended the deceased from <b>11 FEB 1957</b> , to <b>12 JUNE 1957</b> , that I last saw the deceased alive on <b>1 MAY 1957</b> , and that death occurred at <b>8:15 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Richard D. Jones, M.D.</b>				23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>14 JUNE 57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>6-15-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EVAN. ST. PAUL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>COLUMBIA ILL</b>		
DATE REC'D BY LOCAL REG. <b>JUN 14 57</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Howard Thiel 5930 Southwood</b>				

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.....  
Licensed Embalmer No. 4950  
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.