MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34880

784

File No. .....
Registered No. .....

1. PLACE OF DEATH
County: St Louis
Township: St Ferdinand
City: ..... (No. 2535 Utah Ave St. ..... Ward)
Registration District No. .....
Primary Registration District No. 6007

2. FULL NAME: Chas. G. Hundertmark
(a) Residence. No. 2535 Utah Ave St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Hundertmark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 23 - 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	0	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Sick "
(c) Name of employer: Moon Auto Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo

PARENTS

10. NAME OF FATHER: Ernest Hundertmark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ger
12. MAIDEN NAME OF MOTHER: Wm. Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ger

14. INFORMANT: Helen Eifert
(Address) 2535 Utah Ave

15. FILED Oct 14th 1929 O. N. Schuedde REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 12 - 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1 1929 to Oct. 12 1929 and that I last saw him alive on Oct. 12 1929 and that death occurred, on the date stated above, at 7:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Stomach 4 to 6 131
(Duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis 2 or more
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Utah
IF NOT AT PLACE OF DEATH ..... No
DID OPERATION PRECEDE DEATH? ..... No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Phillip Rosenau M. D.
Oct 14 1929 (Address) 740 Arsenal

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Park Lawn Cmt.	Oct 15 1929

20. UNDERTAKER	ADDRESS
Bromacher & Mund Co	4770 Arsenal Florissant

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.