

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 001  
City St. Louis (No. 1517 Newhouse)..... St. .... Ward.....

File No. 24866  
Registered No. 7025

**2. FULL NAME**

Ernest Mundelius  
(a) Residence. No. 1517 Newhouse St., 26 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 55 yrs. - mos. - ds. - How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband Josephine Mundelius

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
66      3      8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Locomotive Pipe Fitter  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer Terminal R.R. Assn

9. BIRTHPLACE (CITY OR TOWN) Posen  
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Otto Mundelius

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Hermann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Germany

14. INFORMANT Josephine Mundelius  
(Address) 1517 Newhouse

15. FILED JUL 15 1930 19 May C. Tucker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15, 1930  
17.  I HEREBY CERTIFY, That I attended deceased from July 14, 1930, to July 15, 1930, that I last saw him alive on July 14, 1930, and that death occurred, on the date stated above, at 7:20 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

191 Heart failure  
(duration) yrs. mos. 1 ds.  
CONTRIBUTORY Heart protrusion  
(SECONDARY) (duration) yrs. mos. 2 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOBRY? no  
WHAT TEST CONFIRMED DIAGNOSIS?.....  
(Signed) Carl Orth M. D.

July 15, 1930 (Address) 1437 Ponce  
\*State the DISEASE CAUSING DEATH, or if 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 Friedens DATE OF BURIAL July 17, 1930

20. UNDERTAKER Suedmeyer & Son ADDRESS 3934 N. 20

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.

