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.

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

Do not use this space.

41383

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St/ Louis, (No. St. Anthony Hospital. St. ..... Ward)

File No. .....

Registered No. 12062

2. FULL NAME Joseph Mungenast.

(a) Residence. No. 3642 Meramec St. St., 15 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 Anna Mungenast.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6, 1867.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	6	19.	

8. OCCUPATION OF DECEASED 1210

(a) Trade, profession, or particular kind of work Stove Mounter. 129

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Benedict Mungenast.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Dont Know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know.

14. INFORMANT Emil H. Meyer
(Address) 3642 Meramec Street.

15. FILED [illegible] 26, 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH 12/24

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec ~~23~~ 16, 1930, to Dec. 24, 1930 that I last saw him alive on Dec 24, 1930, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 1 P.M.

Acute Suppurative Appendicitis

..... (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Peritonitis

..... (duration) ..... yrs. ..... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED 1178

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12-17-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sing. operation

(Signed) [signature], M. D.

12/26, 1930 (Address) 2974 S Grand

*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
SS. Peter & Paul Cemetery	Dec. 27 1930
20. UNDERTAKER	ADDRESS
K. H. Gebken L. & U. Co.	2842 Meramec.