WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 23 1931

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

Do not use this sp...

13760

1. PLACE OF DEATH
County GASCONA — Registration District No. 303 — File No.
Township — Primary Registration District No. 4182 — Registered No. 12
City HERMANN (No. ..., ... St. ..... Ward)

2. FULL NAME WALTER MUMBRAUER
(a) Residence. No. ✓ St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 EMMA MUMBRAUER

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN. 29-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	2	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work LABORER
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) HERMANN
(STATE OR COUNTRY) MO

PARENTS
10. NAME OF FATHER ROBT. MUMBRAUER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) SCHELDA
(STATE OR COUNTRY) GERMANY
12. MAIDEN NAME OF MOTHER AMELIA CAREY
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) WHEELING
(STATE OR COUNTRY) W. VA.

14. INFORMANT Mrs Emma Mumbrauer
(Address) Hermann, Mo

15. FILED 4-3-, 1931 Anna K. Rickhoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1931, to April 1, 1931 that I last saw him alive on April 1, 1931, and that death occurred, on the date stated above, at 2:32 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute diffuse nephritis (cause unknown)
120
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 130
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Urine analysis
(Signed) W. A. Jeter, D.O. ~~M.D.~~
, 19 (Address)

*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
Hermann City Cemetery	4/4 1931
20. UNDERTAKER	ADDRESS
Herman Blumer	Hermann Mo