

NOV 9 1935

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

Do not use this space.

34294

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4711 Mc. Millan)

File No.....
Registered No. 8719
St. Ward)

2. FULL NAME Fred Munding

(a) Residence, No. 4711 Mc. Millan Ward. 12
(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? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 9 1849				
7. AGE YEARS 85	MONTHS II	DAYS 7	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of St. Louis				
10. Date deceased last worked at this occupation (month and year) Sept 1927			11. Total time (years) spent in this occupation 52	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany				

MOTHER	13. NAME Fredrick Munding
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Unknown
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Leo Munding 4711 Mc. Millan	
18. BURIAL, CREMATION, OR REMOVAL	

19. UNDERTAKER (ADDRESS) Cullen & Kelly 1416 N. 7th St.	DATE Oct 18 35
20. FILED OCT 17 1935	J. Bredsch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 16 35**22. I HEREBY CERTIFY, That I attended deceased from **Sept 9, 1935 to Oct 16, 1935**

I last saw him alive on **Oct 14, 1935** Death is said to have occurred on the date stated above, at **6 a. m.**

The principal cause of death and related causes of importance were as follows:

Cardiac Paralysis Date of onset

Other contributory causes of importance:
Chronic Myocarditis
Arteriosclerosis

Name of operation **Cholera** Date of **10/16/35**
What test confirmed diagnosis? **Cholera** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, homicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Harry H. Meyer**, M. D.
(Address) **4903 Delmo**

CORD

WRITE PLAINLY, WITH UNFADING INK---THIS

100M-11-24-35

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

