

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

32706

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 1003

Primary Registration District No.

Registered No. 8760

(d) Street No. Park Lane Memorial Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mamie M. Mundy.

(a) Residence, No. 6807 Melrose Ave.
(Usual place of abode, if no street address, write county or city)

St. W.P.

Kellston
St. Louis County, Missouri.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 25, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 62 6 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

13. NAME John Danford.
14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Ireland.

15. MAIDEN NAME Bridget Sheahan.
16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Ireland.

17. INFORMANT Mrs. William P. Mundy
(ADDRESS) 6807 Melrose Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Berthany Cemetery DATE September 20, 1937

19. FUNERAL DIRECTOR Geo. L. Plutach Inc.
(ADDRESS) 5966 Eastern Ave.

20. FILED SEP 20 1937
J. H. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 18, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Sept 18, 1937.
I last saw her alive on Sept 18, 1937. Death is said to have occurred on the date stated above, at 2:40 p. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast
Date of onset.....

Other contributory causes of importance:
Carcinoma of Breast
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, 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?.....
If so, specify.....
(Signed) Dr. J. J. Sweet M. D.
(Address) 4430 Ridge St.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Homer L. Ponder, Licensed Embalmer No. 3367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Homer L. Ponder

L. E.

No. and by Henry Brammer, Registered Apprentice No. 8409
working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)