

REC'D JUN 20 1938

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

18221

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
(b) Township Roark Primary Registration District No. 5420 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 31 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gustave John Mundwiller 534

(a) Residence, No. Gasconade County St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barbara Mundwiller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8th., 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 2 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation... 50

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

13. NAME Balthasar Mundwiller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Magdalena Writz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann, Missouri

17. INFORMANT Mrs. Ella Hug
(ADDRESS) Hermann, Missouri RFD

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Jos. Little Berger Cem. DATE 5/30 38

19. FUNERAL DIRECTOR Hugo H. Blumer
(ADDRESS) Hermann, Missouri

20. FILED 5-30 38 Anna K. Kercheff
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan. 4, 1938 to May 28, 1938
I last saw him alive on May 27, 1938 Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocardial insufficiency
arteriosclerosis
Date of onset not known

Other contributory causes of importance: arteriosclerosisName of operation None Date of _____What test confirmed diagnosis? Physical Was there an autopsy? No

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? NoIf so, specify John Engelbrecht, M.D.(Signed) Stony Hill (Address) _____

STATEMENT BY LICENSED EMBALMER

I, Hugo H. Blumer, Licensed Embalmer No. 3160

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugo H. Blumer

L. E.

No. 3160 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Hugo H. Blumer

Licensed Embalmer No. 3160

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