

1939 APR 10 1939

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

10759  
Do not use this space.

1. PLACE OF DEATH  
(a) County Franklin Registration District No. 296  
(b) Township Union Primary Registration District No. 5413 Registered No. ....  
(c) City ..... (d) Street No. ....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph P. Munderlich  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Clara Munderlich (Dec)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81      2      13  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo  
13. NAME Ferdinand Munderlich  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Anna Maurer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
17. INFORMANT (ADDRESS) Mrs. Louis Schmucke Washington Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE New Mo DATE March 27 1939  
19. FUNERAL DIRECTOR (ADDRESS) E. H. Semme B. Drisfelt Mo.  
20. FILED 3-27 1939 Louis J. Howe M. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 1939  
22. I HEREBY CERTIFY, that I attended deceased from Nov 16 1938 to Mar 3 1939  
I last saw him alive on Mar 21 1939 Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Thrombosis 11/1/38  
Other contributory causes of importance: \$2 to  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? No  
If so, specify ..... (Signed) J. H. Matthews M. D.  
Beafoot Mo.

WRITE 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.

MARGIN RESERVED FOR BIRTHING

U. S. NO. 1  
50M-7-37  
I 1 X1206

STATEMENT BY LICENSED EMBALMER

I, E. H. Lemme....., Licensed Embalmer No. 3076

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed E. H. Lemme

Licensed Embalmer No. 3076

**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.)**