WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22695

Registration District No. 784 Primary Registration District No. 207 Registrar's No. 1285

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Lemay Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 11 Telegraph road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Lemay Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Telegraph Road 0
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Michael Mund
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Mary Mund
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: September (Month) 18 (Day), 1856 (Year)
8. AGE: Years 84 Months 9 Days 1 If less than one day ____ hr. ____ min.
9. Birthplace: Oakville (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation: Farmer Retired
11. Industry or business: ____
12. FATHER Name: Henry Mund
13. FATHER Birthplace: 4 Germany (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Unknown Papst
15. MOTHER Birthplace: 4 Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Elizabeth Vogel
(b) Address: Roue 11 Lemay, Mo. Box
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 23, 41. (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Burial Park
18. (a) Signature of funeral director: C. Hoffmeister h. of C.
(b) Address: 7814 S. Broadway
19. (a) JUN 20 1941 (Date received local registrar) (b) J. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 19 day 19 year 1941 hour 4 minute 10 a.m. M.
21. I hereby certify that I attended the deceased from June 16, 1941, to June 19, 1941, that I last saw him alive on June 18th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	4 Days
Due to	
Due to 8391	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Paul R. Monaghan (M. D. or other)
Address: 3507 Potomac St. Date signed: June 20/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kongelmann
3507 Potomac
Lac 6892
Friday 2-3
7-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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

If this body is not embalmed, fact should be so stated above.