

**FILED OCT 21 1941**  
Registration District No. **303**

Primary Registration District No. **5420**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
 (a) County **Gasconade**  
 (b) City or town **Rural R. 11, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4 1/2 Mi. E. S. of Hermann, Mo**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community **78 years**  
years, months or days

3. (a) PRINT FULLNAME **Edwin Joseph Mundwiller**  
 3. (b) If veteran, name war   
 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Rosa Mundwiller**  
 6. (c) Age of husband or wife if alive **67** years  
 7. Birth date of deceased **July 28 1863**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **1** Days **3**  
 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Little Berger** **Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Balthasar Mundwiller**  
 13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Magdalena Fritz**  
 15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo. F. Mundwiller**  
 (b) Address **Hermann, Mo**

17. (a) **Burial** (b) Date thereof **9 4 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **St. Joseph's Cemetery**  
**Hugo H. Blumer**

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address **Hermann, Mo**

19. (a) **9-3-41** (b) **Anna K. Rickhoff**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Gasconade** **37**  
 (c) City or town **Rural** **0**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4 1/2 Mi. S. E. of Hermann** **0**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Sept** day **1**  
 year **1941** hour **110** minute **a** M.

21. I hereby certify that I attended the deceased from **Aug 22**, 19**40**, to **Sept 1**, 19**41**  
 that I last saw him alive on **Aug 22**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the Rectum**  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **Hb & C**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: **Cancer**  
 Of operations \_\_\_\_\_  
 Of autopsy **none**  
 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? \_\_\_\_\_

While at work \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature **John Engelbrecht**  
 Address **Stony Hill, Mo.** Date signed **9-1-41**

**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.....

*August Blumer*

Licensed Embalmer No.....

3160

P. O. Address.....

Hermann, Mo

**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.)**

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