V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22305

State File No.

Registration District No. 84 Primary Registration District No. 46 Registrar's No. 1330

96
16
0

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Valley Park, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 16
(c) City or town Valley Park 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Mombert

3. (b) If veteran, name war No

3. (c) Social Security No. 335-10-4969

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 19 (Day) 1886 (Year)

8. AGE: Years 56 Months 2 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Foreman Am. Steel Fdy

FATHER
12. Name Henry Mombert
13. Birthplace Alsace Lorraine 8 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Mundy
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Emma Toppel
(b) Address 2261 Lee, Granite City, Ill.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Granite City

18. (a) Signature of funeral director Ferd Piepel Ill.
(b) Address Granite City Ill.

19. (a) JUN 19 1942 (Date received local registrar) (b) C G McGavern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1942 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes

Due to Chronic Myocarditis.

Due to

Other conditions
(Include pregnancy within 3 months of death) Bd

Major findings:
Of operations
Of autopsy Yes.

Duration

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 Louis H Boggs Coroner (M. D. or other)
Address Kirkwood, Mo. 6/18/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1945

DEC 13 1945

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 Louis H Bopp, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 9251

P. O. Address Kirkwood 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.