

S. No. 2
OM-22
v. 5-1-35
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21697**
Registrar's No. **23**

FILED JUL 10 1943
Registration District No. **162**

Primary Registration District No. **5575**

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

1. PLACE OF DEATH:

(a) County **JEFFERSON**
(b) City or town **KIMMSWICK RR#1**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HIGHWAY #21 & 141 Rock Ferry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 YRS** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **JEFFERSON**
(c) City or town **KIMMSWICK RR#1**
(If outside city or town limits, write "RURAL")
(d) Street No. **HIGHWAY #21 & 141**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HENRY MUMBERGER, SR**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MA** 5. Color or race **W** 6. (a) Single, widowed, married. **2 divorced W**

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

7. Birth date of deceased **FEB 22 1864**
(Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **10** If less than one day hr. _____ min. _____

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

10. Usual occupation **RET FARMER**

11. Industry or business _____

12. Name **unk**

13. Birthplace **unk 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Kadlez**

15. Birthplace **Rock Creek Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Bufka**

(b) Address **Kirkwood RR#12**

17. (a) **Burial** (b) Date thereof **6-9-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Immaculate Conception**

18. (a) Signature of funeral director **Louis N. Bopp, Inc**

(b) Address **Kirkwood, Mo.**

19. (a) **6/2/43** (b) **L.A. Clement**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2**
year **1943** hour **4** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **4/13** to **5/23**, 19**43**
that I last saw him alive on **5/23**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Optic Atroctic Heart Disease** Duration **15 YR.**

Due to _____

Due to _____

Other conditions. **938**
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

3. Signature **Frank T. Duck** (M. D. or other) **MD**

Address _____ Date signed **6/2/43**

1266

John S. Baker

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..... *Richard H. Bopp*
Licensed Embalmer No. *3042*
P. O. Address *Clayton, 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.