

ED NOV 29 1943

State File No. 36732
Registrar's No. 10020

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hosp.,
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 22 Days
(Specify whether
In this community 18 years
years, months or days)

3. (a) PRINT FULL NAME Sarah Elle Mundy

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased July-1-1973
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 13 hr. _____ min.

9. Birthplace Bellvue Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Jacob Lutman

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Smith

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant George Mundy

(b) Address 1211 E. Court, Des Moines, Iowa

17. (a) Burial (b) Date thereof Nov. 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) Nov 17 1943 (b) J. F. Bedesch
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2009 S. Jefferson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14,
year 1943 hour 1:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 24, 1943, to November 14, 1943

that I last saw h. or alive on November 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cholecholixthiasis Duration _____

Due to Generalized Arteriosclerosis

Due to _____

Other conditions 126
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy as above

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) None

(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 _____

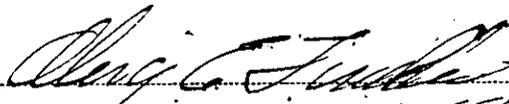
23. Signature William J. Park (M. D. or other) 11/15/43
Address 1515 Lafayette Avenue Date signed _____

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

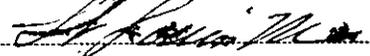
STATEMENT BY LICENSED EMBALMER

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..... 

Licensed Embalmer No.

P. O. Address..... 

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.