

FILED FEB 27 1944

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 268

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Herman Mondt

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 Married

6. (b) Name of husband or wife Elizabeth Mondt 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 7 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Heinrich Mondt
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Turnbrouk
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Friedholm Mondt
(b) Address Aviston, Illinois
17. (a) Removal (b) Date thereof 1-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aviston, Illinois
18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd

19. (a) JAN 10 1944 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Clinton
(c) City or town Aviston
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1944 hour 5:30 minutes 30 P. M.

21. I hereby certify that I attended the deceased from January 3 1944, to January 9 1944
that I last saw him alive on January 9 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 15 minutes

Due to Carcinoma of stomach gastroenterostomy Jan 6, 1944 2 months

Due to _____
Other conditions (Include pregnancy within 3 months of death) Hb

Major findings: nodular hard mass
obstructing pylorus
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? _____

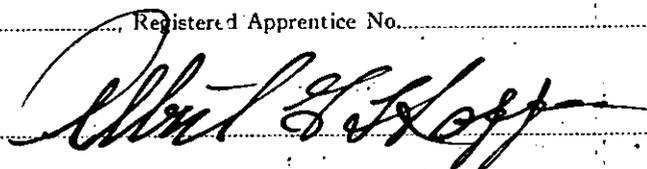
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert C. ... (M. D. or other) M.D.
Address 505 N. Grand Blvd Date signed Jan 10 1944

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..... 2971.....
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.