

Registration District No. **FILED JUL 15 1944**

Primary Registration District No. **1003**

Registrar's No. **6016**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5251 Alcott
(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 **Emma Mumbrauer**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **Unknown**

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

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

7. Birth date of deceased **March 4 1881**
(Month) (Day) (Year)

8. AGE: Years **61** Months **6** Days **1** If less than one day hr. _____ min.

9. Birthplace **Hermann Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Packer**

11. Industry or business **Forbes Coffee Co.**

12. Name **August Kurrelmeyer**

13. Birthplace **Hermann Missouri**
(City, town, or county) (State or foreign country)

14. Marital name **Mathilda Freitag**

15. Birthplace **Morrison Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alice Bonette**
(b) Address **5251 Alcott**

17. (a) **Burial** (b) Date thereof **7-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hermann, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **J. F. Bredeck** (b) _____
(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. **5251 Alcott**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5**
year **1944** hour **8:30** minute **A.** 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 _____ Duration _____

Ruptured aneurysm, non-pyphilitic into the pericardial cavity.

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 **Thomas J. Callahan** (M.D. or other)

Address **Deputy Coroner** Date signed **7-6-44**

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.....

John Agoroshi

Licensed Embalmer No.....

3398

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6016

On this 3 day of August, 1944, before me appears.....

Alice Bonette, who, upon her oath, states that the original record of ~~birth~~ death
for Emma Mumbrauer died July 5th, 1944, in the State of
Missouri, and which was filed at St. Louis, Mo. on July 5th, 1944 should be corrected as follows:

Item No. 7 should read March 4, 1883

Instead of March 4, 1881

Item No. 8 should read 61 yrs. 4 mos. 1 day

Instead of 63 yrs. 4 mos. 1 day

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Alice Bonnette niece

Relationship.

5251 Alcott

Present Address.

Subscribed and sworn to before me this 3rd day of August, 1944.

My Commission expires Oct 22, 1947 Mary J. Ruiz Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

200709