

Form No. 2
 DM-5-43
 v. 5-17-39
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15422**
 Registrar's No. **4572**

FILED JUN 4 1945
 Registration District No. **318**

Primary Registration District No. **1003**

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

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:
St. John'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 **Arthur Elmer Mumbower**
3. (b) If veteran, name war **Nil**
3. (c) Social Security No. **Unknown**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary Jane Mumbower**
6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **January 13 1889**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	4	8hr.min.

9. Birthplace **Perry County Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Police Officer**

11. Industry or business.....

12. Name **Richard Mumbower**

13. Birthplace **Unknown Illinois**
 (City, town, or county) (State or foreign country)

14. Maiden name **Ann Blakely**

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

16. (a) Informant **Harold Mumbower**

(b) Address **Benton, Illinois**

17. (a) Removal **(b) Date thereof** **5-22-45**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Benton, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**

19. (a) MAY 23 1945 **J. F. Bredeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Illinois** (b) County **Franklin**
 (c) City or town **Benton**
 (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 **May** day **21**
 year **1945** hour **7** minute **45** P.M.
21. I hereby certify that I attended the deceased from **5/16/45** 19..... to **5/21/45** 19.....
 that I last saw him alive on **5/21/45** 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
meningitis (bacterial)
 Due to.....
 Due to.....
 Other conditions **Encephalitis (2)**
 (Include pregnancy within 3 months of death)
myelitis (chronic)
 Major findings:
 1 Of operations.....
 Of autopsy **not obtained.**

Duration **2 days**
 PHYSICIAN **(2)**
 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 **C. P. Fisk** (M.D. or other) **2nd**
Address **Humboldt Bldg** Date signed **5/23/45**

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.....

Albert G. Kapper

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.