S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28357

FILED SEP 12 1945

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 129

1. PLACE OF DEATH:
(a) County St. Francois, Co.
(b) City or town Rural St. Francois Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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) 5 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois 94
(c) City or town Farmington, Mo. 4
(If outside city or town limits, write "RURAL")
(d) Street No. — 1
(If rural, give location)
(e). Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Louisa Munderich
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced W ?
6. (b) Name of husband or wife John Munderich
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sep. (Month) 29 (Day) 1859 (Year)

8. AGE: Years 85 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Farmington, Mo. (City, town, or county) U (State or foreign country)
10. Usual occupation
11. Industry or business Home Maker
FATHER 12. Name John Hoehn
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name Marlea Kritze
15. Birthplace Germany (City, town, or county) U (State or foreign country)
16. (a) Informant Carl Hoehn
(b) Address Farmington, Mo. RT. #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8, 21, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Copenhagen, Cozean Funeral Home
18. (a) Signature of funeral director Farmington, Mo.
(b) Address
19. (a) 8/21/45 (Date received local registrar) (b) Esther Rudolff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 19 year 1945 hour 9 minute 50 A. M.
21. I hereby certify that I attended the deceased from May 25 1945, 19..., to Aug. 20 1945, 19...; that I last saw her alive on Aug. 20, 1945. 19...; and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of Stomach — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. M. Stanfield (M. D. or other) D. O.
Address Farmington, Mo. Date signed 8/20/45

1597

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 94 S-1111

Date Filed 9-10-45

OCT 34 1945

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2469

P. O. Address Farmington 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.