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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32217

State File No.

FILED OCT 19 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8785

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5mos.29ds. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4136 Lexington Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN MUNDLOCH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Mundloch

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 16, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	23	hr. min.

9. Birthplace not given (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Foundry worker

11. Industry or business

FATHER 12. Name Nicholas Mundloch

FATHER 13. Birthplace not given (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name not given

MOTHER 15. Birthplace not given (City, town, or county) (State or foreign country)

16. (a) Informant Helma A Singler

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-45 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Sullivan Bros.

(b) Address 2849 N. Euclid Ave.

19. (a) OCT 11 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9 year 1945 hour 6.45 minute P M.

21. I hereby certify that I attended the deceased from April 10, 1945 to Oct. 9, 1945 that I last saw him alive on Oct. 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-pneumonia- Bilateral	2 wks
xxx Lungs- Infarct left	
Tuberculosis of lungs with cavities	
Due to	1945x
Other conditions Nodular Cirrhosis of the Liver (Include pregnancy within 3 months of death)	1945x

Major findings:
Of operations
Of autopsy yes

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 Cyrus Pachter M.D. (M. D. or other)

Address 5400 Arsenal Date signed 10/10/45

(Licensed Embalmer's Statement on Reverse Side)

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 Robt. L. Buckman

Licensed Embalmer No. 3553

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.