

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4424**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **1519 a Papineau**
(b) City or town **St Louis**
(c) Name of hospital or institution: **none 1519 a Papineau**
(d) Length of stay: In hospital or institution **23 years**
In this community **23 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St Louis**
(c) City or town **St Louis**
(d) Street No. **1519 a Papineau**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **John Mungler**
3. (b) If veteran **no** 3. (c) Social Security name war **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **13th** year **1946** hour **1:10** minute **25 a.m.**
21. I hereby certify that I attended the deceased from **5/7 to 5/13** 19 **46**
that I last saw him alive on **5-13** 19 **46**
and that death occurred on the date and hour stated above.

4. Sex **M. 2** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Sarah** 6. (c) Age of husband or wife if alive **22** years
7. Birth date of deceased **aug 22 1893**

Immediate cause of death **Plate Embolism**
Due to **possibly only work**
Other conditions **Diarrhea, Dyspepsia, Gastritis, Colic**
Major findings **Lead poisoning**
Of operations **no**
Of autopsy **no**
Duration **1 wk**
Underline the cause to which death should be charged statistically.

8. AGE: **52** Years **6** Months **21** Days If less than one day **hr. min.**

9. Birthplace **West Point Miss**

10. Usual occupation **Laborer**

11. Industry or business **Steel Foundry**

12. Name **Wiley Mungler**

13. Birthplace **West Point Miss**

14. Maiden name **Annie Williams**

15. Birthplace **West Point Miss**

16. (a) Informant **William Mungler**

(b) Address **1819 Papineau**

17. (a) **Burial** (b) Date thereof **5/18/46**

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **David Bros**

(b) Address **3704 Unity Ave**

19. (a) **MAY 16 1946** (b) Registrar's signature **J. F. Bredek**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **5/13/46**
(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
Signature **Joseph B. Blakes** Date signed **5/15/46**

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

MOTHER FATHER

JUL 10 1946

343

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 *Ames A. Johnson*
Licensed Embalmer No... *3522*

P. O. Address *3704 Quincy Ave*

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.