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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11964

Primary Registration District No. 6076

Registrar's No. 628

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution:
Kappel Rd. Box 915, RR 4, Baden Station
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 56 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

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

(d) Street No.: Kappel Rd. Box 915 R R 4 B Sta.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: CHRISTIAN B. MUNDT

3. (b) If veteran, name war: NONE

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: Sophia H. Mundt, (Winkelmann)

6. (c) Age of husband or wife if living: 76 years

7. Birth date of deceased: January 26, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	1	18	..... hr. ..... min.

9. Birthplace: Germany
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business: Cornelia Seed Co.

FATHER
12. Name: Not Known
13. Birthplace: Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Not Known
15. Birthplace: Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Sophia H. Mundt
(b) Address: Kappel Rd. Bor 915, R.4 Baden, St. L.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Math. Hermann & Son, Inc.
(b) Address: 2161 East Fair Avenue

19. (a) 3-20-47 (Date received local registrar) (b) Ruth L. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 16 year: 1947 hour: 2:55 AM minute ..... M.

21. I hereby certify that I attended the deceased from Mar 4, 1947, to Mar. 16, 1947; that I last saw him alive on Mar. 15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	2yrs
Due to: 9 3 D.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): chronic bronchitis	5yrs

Major findings:
Of operations .....
Of autopsy .....

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) Place of occurrence (City or town) (County) (State)
(c) Where did injury occur? (Specify type of place)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? .....
(e) Means of injury .....

23. Signature: Lorayne L. Arnold (M. D. or other) MD
Address: 1449 McLaran Date signed: 3/17/47

(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 Wilford G Burnley

Licensed Embalmer No. 4202 d

P. O. Address St Louis 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.