S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25878

FILED JUL 21 1947 #72795

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6495

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: City 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County —

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

(d) Street No. 4420 Greer Av
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MIKE MUNDELL

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Nov (Month) 28 (Day) 1908 (Year)

8. AGE: Years 38 Months 7 Days 3. If less than one day hr. min.

9. Birthplace Benton (City, town, or county) Ill (State or foreign country)

10. Usual occupation Cook

11. Industry or business —

FATHER
12. Name J. H. Mundell
13. Birthplace Franklin Co (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Martha Carter
15. Birthplace Franklin Co (City, town, or county) Ill (State or foreign country)

16. (a) Informant Carter Mundell
(b) Address 6317 Lenox Av St Louis Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation M+O. Cem Benton Ill.

18. (a) Signature of funeral director Rowland Funeral Ser.
(b) Address 4355 Washington Av

19. (a) JUL 9 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1947 hour 6:55 minute P M.

21. I hereby certify that I attended the deceased from 6/29/47, 19, to July 1st, 1947 that I last saw him alive on July 1st, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion delirium

Due to Delirium tremens

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 C. E. Boyd (M. D. or other)

Address 1515 Lafayette Date signed 7/1/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) C.E.BOYD

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

6495

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 Key Campbell

Licensed Embalmer No. 3881

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.