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FILED OCT 9 1948
Registration District No. 318

Primary Registration District No. 1003

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

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 Meridian Bros. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether _____)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lakewood
(If outside city or town limits, write "RURAL")
(d) Street No. 4919 Heege Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT NAME Ralph E. Mundschenk
FULL NAME
3. (b) If veteran, name war W. W. I
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 Mamie
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Dec. 9 1899
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 15
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name John Mundschenk

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

14. Maiden name Minnie Heinz
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mamie Mundschenk

(b) Address 4919 Heege Rd.

17. (a) Burial (b) Date thereof 9-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery
John L. Ziegenhein & Sons

18. (a) Signature of funeral director _____
(b) Address 7027 Gravois Ave

19. (a) SEP 27 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 24
year 1948 hour 4 minute 30pm
21. I hereby certify that I attended the deceased from Oct. 1948 to Sept. 24 1948
that I last saw him alive on Sept 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to atherosclerosis
Due to _____

Other conditions Repeated anginal attacks
(include pregnancy within 3 months of death)
Major findings: Coronary atherosclerosis
Of operations none
Of autopsy gross

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence June
(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 _____
23. Signature J. F. Bredeck (M. D. or other) _____
Address 3606 Gravois Date signed 9-28-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 17 1948

NOV 24 1948

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 Frank J. Owen

Licensed Embalmer No. 2245

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.