

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28490  
Registrar's No. 7037

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 28490		Registrar's No. 7037					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eureka			40-5-1					
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital				d. STREET ADDRESS (If rural, give location) Third St.									
3. NAME OF DECEASED (Type or Print) a. (First) David			b. (Middle) Walker			c. (Last) Munford			4. DATE OF DEATH (Month) (Day) (Year) 8/17/50				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 27, 1891		9. AGE (In years last birthday) 59		# UNDER 1 YEAR Months Days		# UNDER 100 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drill Press Operator				10b. KIND OF BUSINESS OR INDUSTRY McCabe-Powers Auto Bodies		11. BIRTHPLACE (State or foreign country) Hermitage, Arkansas			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME David Munford				13b. MOTHER'S MAIDEN NAME Martha Branch				14. NAME OF HUSBAND OR WIFE Merle Brundege Munford					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. World War #1 495-12-8661		17. INFORMANT'S SIGNATURE OR NAME Mrs. Merle Munford, Eureka, Mo. ADDRESS								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral degeneration ANTECEDENT CAUSES encephalomyelosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Duodenal ulcer with hemorrhage DUE TO (c) ulcer hemorrhage with low pressure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days			
19a. DATE OF OPERATION 8-4-50		19b. MAJOR FINDINGS OF OPERATION Duodenal ulcer with 3 eck hemorrhage								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE _____ (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____								
21d. TIME OF INJURY _____ (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 341.1								
22. I hereby certify that I attended the deceased from July 30, 1950, to Aug. 17, 1950, that I last saw the deceased alive on Aug 17, 1950, and that death occurred at 8:15P m., from the causes and on the date stated above.													
23a. SIGNATURE D. J. Verda M.D. (Degree or title)					23b. ADDRESS Fister Bldg - 4501 Olive St. St. Louis			23c. DATE SIGNED 8-18-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/20/50		24c. NAME OF CEMETERY OR CREMATORY Pacific City Cemetery			24d. LOCATION (City, town, or county) (State) Pacific, Missouri						
DATE REC'D BY LOCAL REG. AUG 19 1950		REGISTRAR'S SIGNATURE J. B. Sasser			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Fun'l Home, Ballwin, Mo.								

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Richard Bopp*

Signed.....

Student Embalmer

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, 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.