

Health,  
Welfare  
Public  
Service

3300  
1-56

Secretary, coroner, etc., must use only standard form hereafter in item 16. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28826  
STATE FILE NUMBER  
7475  
Registration District No. 318 Primary Registration District No. 1003 Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS 4421 Athlone	
3. NAME OF DECEASED (Type or print) First Middle Last John Edmund Maunder		4. DATE OF DEATH Month Day Year Aug. 11, 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 23, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mfgs. Agent		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Ishpeming, Mich.
13. FATHER'S NAME Walter Maunder		14. MOTHER'S MAIDEN NAME Name of Wife Angel, Grace Edna Maunder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Grace Maunder 4421 Athlone		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Posterior myocardial infarct</i> DUE TO (b) <i>anterior myocardial infarct</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Streptococcal meningitis in left hemisphere of brain</i>			INTERVAL BETWEEN ONSET AND DEATH 6 hours <i>old</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		420.1	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <i>Aug 3-56</i> to <i>Aug 11-56</i> and last saw <sup>her</sup> him alive on <i>Aug 11-56</i> Death occurred at <i>9:15 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Ernest J. Mackay M.D.</i>	
22b. ADDRESS <i>634 W. Grand</i>		22c. DATE SIGNED <i>Aug 13-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
23c. DATE Aug. 14, 1956		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR <i>Alexander's Sons 6175 Delmar</i>		25. DATE RECD. BY LOCAL REG. AUG 13 1956	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		3.P.	

(Licensed Embalmer's Statement on Reverse Side)

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph M. Cullough*.....

Licensed Embalmer No. *24*.....

P. O. Address *6175*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.