

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10790

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3079**

S. 300
y. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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

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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5707 Itaska			Length of stay in 1b 2 1/4		d. STREET ADDRESS (If outside, give location) 5707 Itaska		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> Henry F Mund				4. DATE OF DEATH <i>Month Day Year</i> March 28 1957					
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 15, 1885		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) doorman			10b. KIND OF BUSINESS OR INDUSTRY Int. Nat. Shoe Co		11. BIRTHPLACE (City and state or country) Concordia, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles Mund				14. MOTHER'S MAIDEN NAME Mathilda Doth					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 492-01-9695		17. INFORMANT Cora Mund			Address 5707 Itaska	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism <i>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</i> DUE TO (b) too hot shower DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) goutic ulcer								INTERVAL BETWEEN ONSET AND DEATH 1 hour	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <i>Hour a. m. p. m.</i> Month, Day, Year									
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 3-7-57 to 3-28-57 and last saw him her alive on 3-24-57 Death occurred at 10:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Dr. Arthur M. D. O.				22b. ADDRESS 607 N Grand			22c. DATE SIGNED 3/29/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 4/1/1957	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.				
24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravois				ADDRESS		25. DATE RECD. BY LOCAL REG. MAR 29 '57		26. REGISTRAR'S SIGNATURE Charles Smith No 293	

No. 2507
 St. Louis
 2507 Leakea
 March 28 1927
 Henry
 Male
 White
 2507 Leakea
 Int. Nat. Shoe Co. Concordia, Mo. USA
 Charles Mund
 2507 Leakea

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 *Donald E. Bay*
 Licensed Embalmer No. 480

P. O. Address 7027 S-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (F
 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.