

Health, Welfare & Public Service

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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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 27 6 5  
STATE FILE NUMBER

FILED JUN 26 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5546**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hosp #1 DOA</b>			Length of stay in lb		d. STREET ADDRESS <b>1436a Dodier</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Oren</b> Middle <b>E</b> Last <b>Mumper</b>				4. DATE OF DEATH Month <b>June</b> Day <b>12</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sep 24 1870</b>		9. AGE (In years last birthday) <b>86</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Montrose Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Jacob Mumper</b>				14. MOTHER'S MAIDEN NAME <b>Mary Bennett</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Blanche Skidmore 2203 Salisbury</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>420.1</b>							INTERVAL BETWEEN ONSET AND DEATH
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 Hour Month, Day, Year a. m. p. m.							
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 <b>830 P.</b> to _____ and last saw her <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at _____ m on the _____ stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Joseph M. Zienty</i> (Degree of Physician) <b>3</b>				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>6/14/57</b>	
23a. BURIAL, CREMATION, OR REBURYAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>June 15 57</b>		<b>St. Matthews</b>		<b>St. Louis Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>E.J. Schnur 3125 Lafayette</b>				25. DATE RECD. BY LOCAL REG. <b>JUN 14 '57</b>		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.

**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.....  
*Thomas R. Jensen*

Licensed Embalmer No. **37**

P. O. Address **3125 7y**

**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.**