

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042292

FILED VS. DEC 7 1959

2 9946

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 2 hr. 15 min.		c. CITY OR TOWN Kirkwood	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2258 Marshall Rd.	
3. NAME OF DECEASED (Type or print) First Middle Last Michael WILLIAM William MICHAEL MUNDY				4. DATE OF DEATH Month Day Year Oct. 27, 1959			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-27-59	
9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR			
		Months		Days		Hours 2 Min 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil			10b. KIND OF BUSINESS OR INDUSTRY ---			11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME William Edward Mundy			13b. MOTHER'S MAIDEN NAME Beverly Schaefer	
14. NAME OF HUSBAND OR WIFE ---			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. None	
17. INFORMANT William E. Mundy,			Address above				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature Labor. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Premature - 34^{Weeks} Months gestation DUE TO (c) 776x							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 a.m. p.m. 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 7:30 p.m. 10/27 , to 9:45 p.m. and last saw him alive on 10/27/59 . Death occurred at 9:45 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) D. Williamson M.D.				22b. ADDRESS 6336 Clayton Road			22c. DATE SIGNED 10/28/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-29-59	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) St. Louis Co., Mo.		23e. REGISTRAR'S SIGNATURE Earl Smith, M.D.
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.				25. DATE RECD. BY LOCAL REG. OCT 29 1959		26. REGISTRAR'S SIGNATURE E.P.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Funeral Director

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Not Embalmed Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John B. Hardy
Licensed Embalmer No. _____

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.