

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023632

FILED VS JUL 11 1960 162

Registration District No. 5595 Registrar's No. 72

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Township		Length of stay in 1b 18 Days		c. CITY OR TOWN ARNOLD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Four Oaks Rest Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Highway # 61-67		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARY Middle E Last MUNDSCHEK				4. DATE OF DEATH Month JUNE Day 24 Year 1960					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug 31, 1880		9. AGE (last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. LOUIS		12. CITIZEN OF WHAT COUNTRY U. S. A.		IF UNDER 1 YEAR Months 9 Days 23	
13a. FATHER'S NAME PETER SEITZ			13b. MOTHER'S MAIDEN NAME PHILLIPINA KUPFURLE			14. NAME OF HUSBAND OR WIFE EDWARD MUNDSCHEK			
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.		17. INFORMANT Address MRS. EDNA HENNINGER, ARNOLD, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Myocarditis DUE TO (b) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Remondale Jefferson Mo.			
21. I attended the deceased from July 159 to 6/24/60 and last saw him alive on 6-12-4/60 . Death occurred at 2:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Heich MS (Degree or title)				22b. ADDRESS Imperial MO		22c. DATE SIGNED 6/29/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-27-60		23c. NAME OF CEMETERY OR CREMATORIAL CALVEY		23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.			
24. FUNERAL DIRECTOR James R. Cadz ADDRESS Crystal City, Mo.			25. DATE RECD. BY LOCAL REG. 6-24-60		26. REGISTRAR'S SIGNATURE Robert E. Bauer				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960

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

Student _____
Signature of Student Embalmer

Signed

James Richard Cadry

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.