

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
du 5481  
**19715**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* (No. *4431*) *St. Ferdinand* St. **5422** (Ward)

**2. FULL NAME**

(a) Residence. No. *4431 St. Ferdinand 11* Ward. (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Female* 4. COLOR OR RACE *Caucasian* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Geo. E. Junstall*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 7/1883*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*43- 9*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *House Wife*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Unknown*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

14. INFORMANT *George E. Junstall*  
(Address) *4431 St. Ferdinand*

15. FILED *JUN 12 1927* *Man C. Starks*  
RECEIVED

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 7 1927*

17. I HEREBY CERTIFY, That I attended deceased from *April 25 1927* to *June 7 1927*, that I last saw him alive on *June 7 1927*, and that death occurred, on the date stated above, at *7 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Endocarditis acute.*

*91A 88B*  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. *no* DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS. *Chemical diagnosis*  
(Signed) *Chas. H. Johnson*, M. D.

*June 7, 1927* (Address) *St. Ferdinand, Mo.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

*Troy Mo* *6/12 1927*

20. UNDERTAKER *C. W. Roberts* ADDRESS *3037 Lucas*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

