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

Do not use this space.

6384

File No.

Registered No. 1283

1. PLACE OF DEATH

County..... Registration District No. 78

Township..... Primary Registration District No. 110

City St Louis (No. 4954 Magnolia Ave. St. ..... Ward)

2. FULL NAME Wilhelmina Jung

(a) Residence. No. ..... St., 13 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 1865

7. AGE: Years 62 | Months 3 | Days 13 | If less than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework.
(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) Millstadt Ill.

PARENTS

10. NAME OF FATHER Charles Jung

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

12. MAIDEN NAME OF MOTHER Wilhelmina Nolte

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

14. INFORMANT Edward B. Jung
(Address) 4954 Magnolia Av.

15. FILED FEB -3 1928, 19..... Mae Clarkeson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-1- 1928, to 2-3- 1928, that I last saw him alive on 2-3- 1928, and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Myocarditis Chronic
Endocarditis Chr.
930

(duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis Chronic
(duration) several yrs. mos. ds.

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? Usual
(Signed) [illegible], M. D.
2-3, 1928 (Address) 2275 [illegible]

*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: Millstadt Ill

DATE OF BURIAL: 2/5 1928

20. UNDERTAKER: Theo H. Budemieier

ADDRESS: 1936 N. Broadway