

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

Do not use this space.

6986

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City St Louis No. Sutherland Hosp. St. 1953 (Ward)

2. FULL NAME

Martha M. Jundt
 (a) Residence. No. 4731 Minnesota St., 15 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, — hrs. or — min.
49 1 15

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) 129
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oakdale
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Richard G. Jundt

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

12. MAIDEN NAME OF MOTHER Kath. Biscoe

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

14. INFORMANT Ernest Jundt
 (Address) 4731 Minnesota

15. FILED 23 1928 Mar 6 Starveff
 19.....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1928 to Feb 21, 1928 that I last saw h. or alive on Feb 21, 1928 and that death occurred, on the date stated above, at 3:0 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Several peritonitis following
C holo cystotomy (duration) yrs. mos. 3 ds.
 CONTRIBUTORY Gall stones (SECONDARY) (duration) yrs. mos. 5 ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 18/28
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Osca R. Ungelmann, M. D.
2/22 1928 (Address) 3155 S. Grand

*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 Park Lawn DATE OF BURIAL 2-25 1928

20. UNDERTAKER H. Schumacher ADDRESS 3013
Meramec

K. 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.

THIS IS A PERMANENT RECORD

3135 8/8 and 7-10