

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

Do not use this space.

38291

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 70088
 City St Louis Mo (a Lutheran Hospital) St. Ward)

File No.
 Registered No. 10894

2. FULL NAME

(a) Residence. No. 3816 Flora Pl St. 17 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Female | white | single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 20 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 | 6 | 15 | 2 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) At home
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER Adolph Jungk

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

12. MAIDEN NAME OF MOTHER Anna Hatich

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

14. INFORMANT Adolph Jungk
 (Address) 3816 Flora Pl

15. NOV - 7 - 1928 Wm C Stanley
 FILED 19 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 5 - 1928

17. I HEREBY CERTIFY, That I attended deceased from October 10, 1928, to Nov 4, 1928, and that I last saw her Nov 4, 1928, alive on Nov 4, 1928, and that death occurred, on the date stated above, at 5:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Degenerated F. Covid. of Uterus non Malignant

(duration) yrs. 2 mos. da.

CONTRIBUTORY (SECONDARY) 139

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 4th

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. J. Sturhan, M. D.

Nov. 5, 1928 (Address) 3519 Robert St.

*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

Bellefontaine Cem 11-7-1928

20. UNDERTAKER Keety Bros. 3029 Laf. Ave. ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD 3519 Helbert
 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.

2-4-1928

