

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

Do not use this space.

24648

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. 702
City St. Louis, Mo. (No. Lutheran Hospital 70023 St. Ward)

File No.
Registered No. 6807.
St. Ward)

2. FULL NAME Louise B. Jung.

(a) Residence. No. 7220a Minnesota. St. 1 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.

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 Adolph C. Jung.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 18, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 2 23

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Chas. Althoff

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

12. MAIDEN NAME OF MOTHER Theresa Kracker.

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

14. INFORMANT Adolph Jung.
(Address) 7220a Minnesota Ave.

15. FILED JUL 13 1930 W. C. Stanley
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-22-30 19... to 7-11-30 19... that I last saw her alive on 7-11-30 19... and that death occurred, on the date stated above, at 10:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Sigmoid
46C
122B

(duration) yrs. 4 mos. - ds.

CONTRIBUTORY Intestinal obstruction
(SECONDARY)

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
46C IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6-25-30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical & operative
(Signed) Thos. H. Hansen M. D.

7/13/30 (Address) 3651 Delmar

*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 Odd Fellows Cemetery DATE OF BURIAL July 14, 1930

20. UNDERTAKER Southern W. P. Co. ADDRESS 6320 S. Grand.

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.

For the ...

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