

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

Do not use this space.

6412

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo. (No. 2235a S. 3rd Street)

File No. 1451

Registered No. 1451

St. Ward)

2. FULL NAME Caroline Jung

(a) Residence, No. 2235a S. 3rd Street St. 23 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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13th, 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	85	9	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER 13. NAME John Braun

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Katherine Geyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Caroline Garrison (ADDRESS) 2235a S. 3rd Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Waterloo, Ill. DATE Feb. 16th 19 32

19. UNDERTAKER Wick Bros (ADDRESS) 2201 S. Grand Highway

20. FILED Feb 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 1931, to Feb 13 1932

I last saw him alive on 2/13 1932. Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

93a Ch. Myocarditis
97 Arterio Sclerosis
116
Other contributory causes of importance: Hypostatic Pneumonia 2103 3 days

Date of onset

Name of operation non Date of

What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury ①

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify By Dr. Benes

(Signed) Dr. Benes M. D.

(Address) 2202 S Broadway

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.

