

FEB 20 1936

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

Do not use this space.

2421

1. PLACE OF DEATH

County Perry Registration District No. 662
Township Salem Primary Registration District No. 5880
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Theodore Jungel

(a) Residence, No. _____ St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Weld
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20, 1861
7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
74 4 29
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired printer
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) St Louis Mo.

MOTHER FATHER 13. NAME Martin Jungel

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

15. MAIDEN NAME Susan Gunther

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

17. INFORMANT Mrs Anna Griffin
(ADDRESS) Menfro, Route #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis Mo DATE 1/22, 1936

19. UNDERTAKER Young & Fenwick Ltd Co
(ADDRESS) Perryville, Mo

20. FILED 1-18, 1936 J. J. DeLassus
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1935 to Jan 18-36, 1936.
I last saw him alive on Jan 15-36, 1936. Death is said to have occurred on the day stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:
Apoplexy Date of onset Jan 15-36

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936
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 _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) W. J. DeLassus, M. D.
(Address) Perryville, Mo

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.

