MAR 25 1936

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

Do not use this space.

7579

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033a — Registered No. 81
City Clayton (No. St. Louis Co. Hosp. St. Ward)

2. FULL NAME Theodore Jungbluth
(a) Residence, No. 109 W. Jefferson St., Ward. Kirkwood
(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 M
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 - 1877

7. AGE YEARS 59 MONTHS 4 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kirkwood - P.O.
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) Mo.

FATHER
13. NAME Louis Jungbluth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do

17. INFORMANT (ADDRESS) Katherine Jungbluth 109 W. Jeff. Kirkwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemtry DATE 3-2-1936

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo

20. FILED 2-28 1936 Dr A J Liguorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1936, to Feb. 28, 1936
I last saw him alive on Feb. 28, 1936. Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	2-19-36

Other contributory causes of importance:
Broncho-pneumonia
Chr. myocarditis
arterio-sclerosis

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

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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) R. S. Poor, M. D.
(Address) St. Louis Co. Hospital

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.