

APR 20 1936

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

Do not use this space.

15740

## 1. PLACE OF DEATH

County JeffersonRegistration District No. 425

Township

Primary Registration District No. 5580City Eureka(No. St. Joseph's Infirmary, in Jefferson St. Po Ward)File No. 10Registered No. 922. FULL NAME Henry Junker(a) Residence, No. 3838 Utah St. 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18th, 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

64820

OCCUPATION

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

nothing

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) St. Louis,  
(STATE OR COUNTRY) MO.

FATHER

13. NAME Fred Junker14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)17. INFORMANT Sophie Junker  
(ADDRESS) 3838 Utah St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Picker Cem. DATE 4/10/3619. UNDERTAKER John L. Ziegenhein & Sons  
(ADDRESS) 7027 Gravois Ave.20. FILED 4/1036 James A. Townsend  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 8, 193622. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1936, to Apr. 6, 1936I last saw him alive on Apr. 6, 1936. Death is saidto have occurred on the date stated above, at 9:30 p.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: hypertension

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 \_\_\_\_\_, 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Jerse S. Sargent

, M. D.

(Address) R. 3 Eureka, 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.

WHILE EXAMINING WITH CARE THIS IS A PERMANENT RECORD

