APR 27 1937

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

Do not use this space.

File No. 13573

Registered No. 133

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248B

City Jefferson Barracks (No. VETERANS HOSPITAL St. Ward)

2. FULL NAME Erwin JUNGER

(a) Residence, No. 1146 Aubert St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF —(OR) WIFE OF— Mrs. Emma Junger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	10	18	

OCCUPATION

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

FATHER

13. NAME unavialable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable ~~unavailable~~

MOTHER

15. MAIDEN NAME unavailable

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

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NATIONAL CEM. DATE 3-29, 1937

19. UNDERTAKER C. HOFFMEISTER U. & L. Co.
(ADDRESS) 7814 S. BROADWAY

20. FILED Mar 29, 1937 G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1937 to March 26, 1937

I last saw him alive on March 26, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

	Date of onset
Pneumonia, Bronchial	unkwn
Other contributory causes of importance: Bronchitis, chronic	unkwn

Name of operation none Date of

What test confirmed diagnosis? Clin. manifestations, x-ray laboratory Was there an autopsy? NO.

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) C. W. Hughes, M. D.

(Address) C. W. HUGHES, Chief Medical Officer. Jefferson Barracks, 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.