

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

Do not use this space.

28819

1. **SEP 10 1937**
PAGE OF DEATH

**791
1003**

File No. _____
Registered No. **7452**

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City **St. Louis, Mo.** (No. _____) City Sanitarium _____ St. _____ Ward _____

2. FULL NAME **Elizabeth Fungler**
(a) Residence, No. **3501 Victor St.** St. _____ Ward **17**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **58** yrs. **1** mos. **14** 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) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arno Fungler				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1879				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
35	58	1	14	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife			
	10. Date deceased: last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 4, 1937, 19**
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to **Aug. 4, 1937**, 19____
I last saw her alive on **Aug. 4, 1937**, 19____ Death is said to have occurred on the date stated above, at **8 P.** m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis (Onset 8-45-37) Date of onset

Arteriosclerostic Heart Disease (onset 6-28-37x)

Other contributory causes of importance:

Arteriosclerostic Heart Disease (onset 6-28-37x)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) **Jordan Kelling, M. D.**

(Address) **City Sanitarium
St. Louis mo.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	St. Louis Missouri
FATHER	13. NAME W.E. Bent
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri
MOTHER	15. MAIDEN NAME Clara Lawrence
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri
17. INFORMANT (ADDRESS)	Artine Stedman
18. BURIAL, CREMATION, OR REMOVAL PLACE	Bellefontaine DATE Aug 7 1937
19. UNDERTAKER (ADDRESS)	Travis Moving and Co
20. FILED	AUG 6 1937 J. H. Bredeck Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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