

1 X12004
WRITE PLAINLY, WITH UNDOING 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.

00114 1937

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

791
1003

32483
Do not use this space.

Registered No. 8537

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 1946a Arsenal St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Juengling

(a) Residence, No. 1946a Arsenal St. 24 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Mary Juengling
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4th. 1870.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Saloon keeper
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.

FATHER 13. NAME Charles Juengling

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Elenore Kossman
(ADDRESS) 1946a Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter-Paul DATE Sept. 14- 1937

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2331 S. Briardway

20. FILED SEP 11 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10th. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13 1937 to Sept 9 1937

I last saw him alive on Sept 9 1937 Death is said to have occurred on the date stated above, at 12.50 P.M.

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

Carcinoma of Stomach
metastatic peritonitis
H. B.

Other contributory causes of importance:

Name of operation Physical Date of 226
What test confirmed diagnosis? Physical 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? No
If so, specify

(Signed) W. D. Reed M.D.
(Address) 1446 S. Grand

STATEMENT BY LICENSED EMBALMER

I, Frank J. Thyland, Licensed Embalmer No. 2645
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. 2645 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank J. Thyland
Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)