

REC'D APR 1 1938

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

8876

Do not use this space.

1. PLACE OF DEATH

(a) County 7 Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. 2722 S. Third Registered No. 2465
 (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

Mr. Charles F. Junghans 525
 (a) Residence, No. 2714 Accomac Street St. [23]
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Milla Eisenbeiss Junghans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 60 11 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Secretary
 9. Industry or business in which work was done, as saw mill, bank, etc. Furn. Mfg. Co.
 10. Date deceased last worked at this occupation (month and year) March 10, 1936
 11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER
 13. NAME Mr. Edward Junghans
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlinville, Illinois

MOTHER
 15. MAIDEN NAME Johanna Niemeier
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mattoon, Illinois

17. INFORMANT Mrs. Milla Junghans (ADDRESS) 2714 Accomac Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery DATE March 14, 1938

19. FUNERAL DIRECTOR Beiderwieden F. Home, Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED APR 14 1938 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1938 to March 10, 1938

I last saw him alive on March 5, 1938. Death is said to have occurred on the date stated above, at 5:15 P.M.

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

Coronary Thrombosis

Date of onset 3/10/38

Other contributory causes of importance:
 Myocarditis, chronic 2/10/38
 Hepatitis, acute caused by chr. myocarditis 38

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) A. W. Peters, M. D.
 (Address) 4145a S. Grand Blvd.

Dr. Peter
4145
2-4

STATEMENT BY LICENSED EMBALMER

I, *Guadalupe*, Licensed Embalmer No. 3737
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*.
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed *Guadalupe*
Licensed Embalmer No. 3737

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.)