N 14 1938 REC'D JUL 7 1938

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

22945
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 111 — Registered No. 1027
(c) City RICHMOND HEIGHTS — (d) Street No. 1149 CENTRE DRIVE 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 JULIA FUNSCH 520
(a) Residence, No. St. (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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 29, 1869

7. AGE: YEARS 68 — MONTHS 7 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) ILLINOIS 1

FATHER
13. NAME FRED SUNKEL 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 0

MOTHER
15. MAIDEN NAME EVA SEIZER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) DR. E. C. FUNSCH 1149 CENTRE DRIVE R.H.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMT. DATE 6-15-38 19

19. FUNERAL DIRECTOR (NAME) ARTHUR J. DONNELLY (ADDRESS) 3840 LINDELL BLVD.

20. FILED JUN 14 1938, 19 T. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1938, to June 13, 1938
I last saw her alive on June 12, 1938. Death is said to have occurred on the date stated above, at 3,20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Gall-Bladder	2/22/38
Metastasis to Liver	2/22/38

Other contributory causes of importance: 46

Chronic Myocarditis	yes
Diabetes	yes

Name of operation Exploratory Lap. Date of 3/15/38
What test confirmed diagnosis? All Clinical 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? No
If so, specify
(Signed) J. A. Brennan, M. D.
(Address) 408 Humboldt Bldg

(Licensed Embalmer's Statement on Reverse Side)

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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SEP 8 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.)

If this body is not embalmed, above space should be left blank.