REC'D AUG 12 1938

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

24108
Do not use this space.

Registered No. 6802

1. PLACE OF DEATH

(a) County ..... Registration District No. 701

(b) Township ..... Primary Registration District No. 1003

(c) City St. Louis, Mo. (d) Street No. 2722 S. Third 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 Mr. Walter Junghans 525

(a) Residence, No. 2919 Milton Blvd. St. 17
(Usual place of abode, if no street address, write county or city) (If no resident, give city or town and State)

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. Tillie Junghans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	11	2	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) July 29, 1938

11. Total time (years) spent in this occupation 40 yrs.

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

FATHER

13. NAME Edward Junghans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlinville, Illinois

MOTHER

15. MAIDEN NAME Johanna Niemeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mattoon, Illinois

17. INFORMANT (ADDRESS) Mrs. Tillie Junghans 2919 Milton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cem. DATE Aug. 1, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beiderwieden Funeral Home 1936 St. Louis Ave.

20. FILED JUL 30 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:00 A.M.

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

	Date of onset
Acute Dilatation of Heart	
Chronic Cystitis (cause unknown)	
Chronic Gastritis	
Other contributory causes of importance:	
Cholecystolithiasis	
Chronic Interstitial Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Alfred J. Perry M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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 me

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

Signed [illegible]

Licensed Embalmer No. 3737

P. O. Address 1936 [illegible]

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.