

REC'D FEB 10 1939

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

813

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **4018 Oregon** 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.

Registered No. **813**2. PRINT FULL NAME **524 Henry J. Juengel**

(a) Residence, No. **4018 Oregon** St. **15**
 (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 Anna Juengel		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1873		
7. AGE 65	YEARS 11	MONTHS 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Moser Box Co.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc. Salesman		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis		
13. NAME Julius Juengel		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		

17. INFORMANT **Anna Juengel**
 (ADDRESS) **4018 Oregon**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Concordia** DATE **Jan. 27, 1939**

19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle**
 (ADDRESS) **2331 S. Broadway**

20. FILED **JAN 26 1939****J. F. Brudek**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 24, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 23, 1939**, to **Jan. 24, 1939**
 I last saw him alive on **Jan 24, 1939**. Death is said to have occurred on the date stated above, at **10:00p.m.**
 The principal cause of death and related causes of importance were as follows:

Metastatic regurgitation about 6 months
 Date of onset

Other contributory causes of importance:
carcinoma of throat about 6 months

Name of operation Date of
 What test confirmed diagnosis? 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?
 If so, specify **Albert A. Gebhardt** M. D.
 (Signed) **Albert A. Gebhardt**
 (Address) **3438 Chiffleur St.**

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,

Frank J. Oylaud Sr.

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Frank J. Oylaud Sr.

Licensed Embalmer No.

2645

P. O. Address

St Louis Mo

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.