

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

4406  
Do not use this space.

1. PLACE OF DEATH **REC'D MAR 13 1939** **791**  
 (a) County..... **1** Registration District No..... **1008**  
 (b) Township..... Primary Registration District No.....  
 (c) City **St. Louis** (d) Street No. **4255 Lafayette Ave.** Registered No. **1099**  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **520 Fred W. Junge**  
 (a) Residence, No. **4255 Lafayette Ave.** St. **17**  
 (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Elizabeth Junge</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 17, 1868</b>		
7. AGE	YEARS	MONTHS
	<b>71</b>	<b>0</b>
		DAYS
		<b>15</b>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<b>President</b>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<b>Grocer Co.</b>
	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)	<b>Mo.</b>	
FATHER	13. NAME	<b>Henry Junge</b>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>Germany</b>
MOTHER	15. MAIDEN NAME	<b>Mary Meyer</b>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<b>Germany</b>
17. INFORMANT (ADDRESS)	<b>Elizabeth Junge 4255 Lafayette Ave.</b>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<b>Oak Grove Cem.</b>	DATE <b>2-4</b> , 19 <b>39</b>
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<b>Kriegshauser Mortuary 4228 So. Kingshighway</b>	
20. FILED	<b>19</b> <b>J. B. Beck</b> Local Registrar	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-1**, 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 1**, 19**39**, to **Feb 1**, 19**39**  
 I last saw him alive on **Feb 1**, 19**39**. Death is said to have occurred on the date stated above, at **9:25 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Myocarditis (acute) and first attack July 27-29**  
**Hyperlipemia 1935 - Valvular heart disease (mitral)**  
 Other contributory causes of importance:  
**None**  
 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? **no**  
 (Signed) **W. H. ...**, M. D.  
 (Address) **...**

**FEB 3 1939**

(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.

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**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 *Reinhold H. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address.....

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

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