

REC'D JUN 12 1939

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

16763
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No. **4297**
(c) City..... St. Louis, Mo. (d) Street No. Lutheran Hospital 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 **525** Mrs. Paulina Jungkuntz

(a) Residence, No. 3142a Keokuk St. St. **24** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gottlieb H. Jungkuntz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>86</u>	<u>11</u>	<u>21</u>	

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

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) Switzerland

FATHER 13. NAME John Merz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Katherine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs. Gottlieb Jungkuntz
3142a Keokuk

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer Cem. DATE May 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beiderviedeh F.H. INC.
1936 St. Louis Avenue

20. FILED MAY 9 1939 J. B. Beiderviedeh Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1939, to May 6, 1939
I last saw her alive on May 6, 1939 Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation
Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Pneumonia lobar - left base - 4/23/39
Arteriosclerosis - Hypertension 37
Senility

Name of operation T Date of X
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19.....
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X X X X
Nature of injury X X X X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Victor F. Klappner, M. D.
(Address) 3805 So Broadway

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.

THIS IS A PERMANENT RECORD

Dr. V. K. ...
3803 ...
2-3 7-2

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.....
.....
working under my personal supervision.

Signed.....
Registered Apprentice No.....
Licensed Embalmer No. 3737
P.O. Address..... 1936 W. ...

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.