

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 Mos. 14 Days**
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St Louis** **23**
(If outside city or town limits, write "RURAL")

(d) Street No. **1431a South Tenth St**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Julius Juengel**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, divorced, **Widowed**

6. (b) Name of husband or wife **Amelia Juengel** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 25 1857**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **29,**
year **1940** hour **8:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 9,** 19 **40** to **September 23,** 19 **40**
that I last saw h. **im** alive on **September 23,** 19 **40**
and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **1** Days **29** If less than one day
hr. _____ min.

Immediate cause of death

Chr. Myocarditis **years**

Due to **Arteriosclerosis** **years**

Hypertension **years**

Other conditions **Senile Dementia** **years**
(Include pregnancy within 3 months of death)

9. Birthplace **St Louis** **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Painter**

11. Industry or business _____

12. Name **Jost Juengel**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant **Mrs. Wm. Singer**
(b) Address **1431a South Tenth St**

17. (a) Burial (b) Date thereof **Sept 27 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cem**
Beiderwieden Funl Home

18. (a) Signature of funeral director _____
(b) Address **1936 St Louis Avs**

19. (a) **SEP 26 1940** (b) **J. J. Brudick**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Walter Ford** (M. D. or other) _____
Address **1515 Lafayette Ave.** Date signed **9/24/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
-40
39
123139

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.....

Max Harfel

Registered Apprentice No. *215*

working under my personal supervision.

Signed.....

Rehig J. Kriskin

Licensed Embalmer No. *3497*

P. O. Address. *1936 St. Louis*

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

If this body is not embalmed, fact should be so stated above.