

No. 2-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1940
784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36409

Registration District No. 784 Primary Registration District No. 111 State File No. _____ Registrar's No. 2045

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township.)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULLNAME Elizabeth C. Junge
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife Late Fred W. Junge 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 12th 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Unknown Erhardt
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Fred A. Junge
(b) Address 4255 Lafayette Ave.

17. (a) Burial (b) Date thereof 11-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.

19. Oct 21 1940 (Date received from Registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4255 Lafayette Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 30th
year 1940 hour 12:35 minute P.M. M.

21. I hereby certify that I attended the deceased from Oct 17, 1940, to Oct 30, 1940
that I last saw her alive on Oct 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema of Gall Bladder ?
Duration _____

Due to Lobar pneumonia 4 days

Due to 108

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Empyema Gall Bladder
Of operations _____
Of autopsy Refused

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

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? _____

23. Signature Whitcomb (M. D. or other) _____
Address 1625 Lower 4th Date signed 10/31/40

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

Dr. Hall
Tower Grove & McRee 1-3 P.M.

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 K. Lehmann*

Licensed Embalmer No. *3395*

P. O. Address.....

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, fact should be so stated above.