

JAN 25 1941

Registration District No. **759**

Primary Registration District No. **6000**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **St Charles**
 (b) City or town **Rural**
 (c) Name of hospital or institution: **Rural**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **Life**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St Charles**
 (c) City or town **Rural**
 (d) Street No. _____
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Fritz Robert Jungermann**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **151**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **Aug 11 1862**
 (Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days **26** If less than one day hr. **1** min.

9. Birthplace **Jefferson Co Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Andrew Jungermann**

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

14. Maiden name **Emma Weber**

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

16. (a) Informant **Cherrie Jungermann**
 (b) Address **New Melle Mo**

17. (a) **Burial** (b) Date thereof **Dec. 9, 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Melle Mo**

18. (a) Signature of funeral director **Morris Muschany**
 (b) Address **Hamburg, Mo**

19. (a) **12-8-40** (b) **O. C. Muehler**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **7**
 year **1940** hour **5** minute **9** P. M.

21. I hereby certify that I attended the deceased from **July 15**
 19**40**, to **12-7**, 19**40**
 that I last saw him alive on **Dec 3**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Due to **97**

Due to _____
 Other conditions **Arterio Sclerosis 3 yr**
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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 **O. C. Muehler**
 Address **New Melle Mo** Date signed _____

Duration **2 yr**
3 yr
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

12-9-40

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.....

Licensed Embalmer No. 2461

P. O. Address Hamburg M

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.