

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **721**

Primary Registration District No. **1003**

Registrar's No. **7205**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1914 S. 7th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **Life.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **23 17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **1914 S 7th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **Life.** 0 years.

3. (a) PRINT FULL NAME **CATHERINE JUNG.**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Henry Jung.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 30th 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 **8** **6** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business **Housewife.**

12. Name **? Butzbacher**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Gertrude Bishop**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Barbara Winkels**
(b) Address **1914 S. 8th St.**

17. (a) **Burial** (b) Date thereof **Sept 8th/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **S.S. Peter & Paul**

18. (a) Signature of funeral director **Thos Kutis & Son**
(b) Address **2906 Gravois Ave.**

19. (a) **SEP 5 1941** (b) **J. Brudeck**
(Received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4th**
year **1941** hour **8 00 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **8/1**
_____, 19**41**, to **9/4**, 19**41**;
that I last saw her alive on **9/3**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia** Duration **6 days**

Due to _____

Due to _____

Other conditions **Chronic degenerative arteriosclerosis - atherosclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **9/3/41**

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) **no**
(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 **J. Brudeck** (M. D. or other) **0**
Address **1040 Emmet** Date signed **9/5/41**

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

MOTHER FATHER

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

Louis Milton San Gossain Registered Apprentice No. *280.*

working under my personal supervision.

Signed

W. O. Curtis

Licensed Embalmer No. *1619*

P. O. Address *2906 Haven*

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.