

No. 2  
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-17-39  
X26390

FILLED OCT 18 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 30157  
Registrar's No. 7496

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
06  
17  
9

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1845 S. 14th 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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME NETTIE BECKERLE JUENDEL  
3. (b) If veteran, name war no  
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 \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased About 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 66 Unknown hr. min.

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

10. Usual occupation housework

11. Industry or business \_\_\_\_\_

12. Name (Unknown) Welsh

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 Dr. Arthur Juengel

(b) Address 1845 S. 14th St.

17. (a) Burial (b) Date thereof Sept. 18-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Becker

18. (a) Signature of funeral director Wm. C. Moydell

(b) Address 1926 Allen Ave.

19. (a) SEP 17 1941 (b) J. L. Budick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1000  
(c) City or town St. Louis 2311  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1845 S. 14th St. 9  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th  
year 1941 hour 8 - minute P. M.

21. I hereby certify that I attended the deceased from Jan. 10<sup>th</sup> 1940 to 9/15 - 1941  
that I last saw her alive on 9/15 - 1941  
and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma  
uterus Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Cl. G. Gauthier (M. D. or other) M.D.

Address 3115 So. Grand Date signed 9/16/41

**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..... *Benz C Duncan* .....

Licensed Embalmer No. *2272* .....

P. O. Address..... *1926 Allen* .....

**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.**