

1. PLACE OF DEATH:  
 (a) County Jefferson  
 (b) City or town Rural Meramec  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 1 year  
years, months or days

3. (a) PRINT FULL NAME Mary K. Juul  
 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 Widow  
 6. (b) Name of husband or wife Nels Juul  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 30, 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Missouri Valley / Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name William Baldwin

13. Birthplace Unknown / Penn  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Tiffey

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

16. (a) Informant Bruce Michelis

(b) Address House Springs Missouri

17. (a) Burial (b) Date thereof 8/27/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Valley Iowa

18. (a) Signature of funeral director Stockland and Co

(b) Address 1827 Hogan St

19. (a) 24 Aug 1941 (b) James A. Tommas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jefferson  
 (c) City or town Rural Meramec  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? Entire Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24  
 year 1941 hour 5 minute 15P M.

21. I hereby certify that I attended the deceased from 15 May 41, 1941, to 24 Aug 41, 1941, that I last saw him alive on 23 Aug 41, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of spine

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

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

Other conditions 16  
(Include pregnancy within 3 months of death)

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

Duration \_\_\_\_\_  
 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

23. Signature James A. Tommas M. D. or other \_\_\_\_\_  
 Address House Springs Mo Date signed 8/24/41

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John Bentley

Licensed Embalmer No. 3157

P. O. Address St Louis, Mo

**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.**