

FILED FEB 24 1942
791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 13 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2130 South Compton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Julius G. Tuenge

3. (b) If veteran, name war World War (Germany) 3. (c) Social Security No. 498-03-0234

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Steffenhagen Tuenge 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 5, 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 1 If less than one day hr. min.

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

10. Usual occupation Interior Decorator

11. Industry or business Park Plaza Hotel

12. Name Karl Tuenge

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

14. Maiden name Wilhelmina Kuehl

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

16. (a) Informant Mrs. Anna Tuenge

(b) Address 2130 South Compton

17. (a) Burial (b) Date thereof Jan. 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc
(b) Address 1936 St. Louis Avenue

19. (a) JAN 9 1942 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th
year 1942 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 2 - 1941 to Jan 6 - 1942
that I last saw him alive on Jan 6 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Atherosclerosis
Due to arteriosclerosis

Due to _____

Other conditions Arteriosclerosis
(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 0

23. Signature A. F. Kleppel (M. D. or other)

Address 905 Morrison St. Date signed 1/7/42

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

2-4

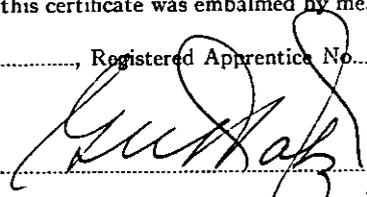
Dr B F Kieppel
905 Morrison

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. 3737

P. O. Address..... 1936 St. Louis Ave

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.