

FILED APR 20 1942

791

1003

State File No.

Registrar's No.

3061

Registration District No.

Primary Registration District No.

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

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: Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month  
In this community Life.  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Sophie Junker

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

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

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

7. Birth date of deceased Nov. 7th, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 4 26 hr. min.

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

10. Usual occupation Sales lady.

11. Industry or business Dry goods.

12. Name Federick Junker

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

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Schuenemann

(b) Address 3838 Utah St.

17. (a) Burial (b) Date thereof 4/6/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cem.

18. (a) Signature of funeral director Frank Zigmund & Sons

(b) Address 7927 Gravoys Ave.

19. (a) APR 6 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3838 Utah Pl.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd,  
year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from February  
sixth, 1942, to April 3, 1942  
that I last saw her alive on April 3, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

Due to Carcinoma of Bladder  
Urinary

Due to.....

Other conditions (Include pregnancy within 3 months of death) 52  
52 1/2

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.....

23. Signature Elmer E. Weston (M. D. or other)  
Address Paul Brown Bldg Date signed 4/4/42

---

---

**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.....

*G. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

**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.**