

FILED MAY 7 1942
Registration District No. 791

Primary Registration District No. 1003

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

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:
Mo. Baptist Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town 5332 St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5332 Lindenwood Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose F. Jungbluth

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 married

6. (b) Name of husband or wife Emil M. Jungbluth 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 14th 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>0</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Melchior Christrup

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

14. Maiden name Rose Rotzler

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

16. (a) Informant Emil Jungbluth

(b) Address 5332 Lindenwood Ave.

17. (a) Cremation (b) Date thereof 4-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 27 1942 (b) J. F. Prudek
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1942 hour 6:35 minute P.M. M.

21. I hereby certify that I attended the deceased from March 13th
1942 to April 23rd 1942
that I last saw him alive on April 23 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Spleen Indolent

Due to _____

Due to _____

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death) Indolent

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 J. F. Prudek (M. D. or other) M.D.

Address 3201 Duane Date signed 4-24-42

3201 Duval

Mc 2895 #18-12

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 Richard J. Johnson

Licensed Embalmer No. 3395

P. O. Address.....

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.