

FILED JUN 11 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1263

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6207 Chatham Ave.
(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 Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6207 Chatham Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SOPHIE L. JUNGE.

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 Widowed
6. (b) Name of husband or wife Jacob L. Junge.
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased December 26, 1851.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 5 12 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business at home.

12. Name George Wizeman.

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

14. Maiden name Katherine Ast.

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

16. (a) Informant Mr. John W. Hill.

(b) Address 6207 Chatham Ave.

17. (a) Removal (b) Date thereof 6-9-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Los Angeles, California.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JUN 9 - 1942 (b) [Signature]
(Date received local Registrar's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th.
year 1942 hour 3 minute A.M. M.

21. I hereby certify that I attended the deceased from May 1 1942 to June 7 1942
that I last saw him alive on June 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis
Duration _____

Due to _____
Due to [Signature]

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 _____

23. Signature [Signature] (M. D. or other) M.D.

Address 1184 H. [unclear] Date signed _____

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

96
0
0

Dr. Orville O. White.
1194 Hodiament Ave.
Telephone Cabanny 8755

1 to 4.30 PM
JUN 12 1942

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 3454

David Gibson, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5916 Easton St.

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.