7. S. No. 2
0M—5-42
ev. 5-17-39
>1 XXXX

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12341

State File No.

FILED MAY 14 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4211

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: Alexian Bros Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days. (Specify whether years, months or days)

In this community 50 Years In St Louis.

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 24 000 12 9

(c) City or town 3800 S Main St (If outside city or town limits, write "RURAL")

(d) Street No. St Louis. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

3. (a) PRINT FULL NAME MICHAEL JUWER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Juwer

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 3rd (Day) 1872 (Year)

8. AGE: Years ~~70~~ 71 Months ~~11~~ 0 Days ~~30~~ 7 If less than one day hr. min.

9. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired Iron Worker

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

16. (a) Informant Eva Eisenmann

(b) Address 3800 S Main St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/43 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thoroughitis & Son

(b) Address 2906 Gravois Ave.

19. (a) MAY 6 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1943 hour 4 00 P.M. minute M.

21. I hereby certify that I attended the deceased from April 24, 1943, to 5-4, 1943, that I last saw him alive on 5-5, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Chr infiltrat ent

Due to: chr myocarditis

Due to:

Other conditions: unknown (Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

Duration: 40 yrs

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or coroner) MD

Address 1803 [illegible] Date signed 5-5-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Payne
1803 Pendleton St

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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address 2906 Geary

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.