. S. No. 2
M—9-4-41
. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16107
4856

FILED JUN 9 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: 2921 N. TAYLOR /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 1YR - 6 MOS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County St. Clair
(c) City or town Caseyville NR.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Olivia Funcke
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~~ George Funcke
6. (c) Age of husband ~~or wife~~ if alive years
7. Birth date of deceased DECEMBER 26 1899 (Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Smithton Ref. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation House wife
11. Industry or business
12. FATHER Name H. THEODORE SCHMIDT
13. FATHER Birthplace SMITHTON TWP. ILL. / (City, town, or county) (State or foreign country)
14. MOTHER Maiden name CATHERINE FORCADE
15. MOTHER Birthplace ILL. / (City, town, or county) (State or foreign country)
16. (a) Informant George Funcke
(b) Address CASEYVILLE, ILL.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill.
18. (a) Signature of funeral director Edgar G. Ballas
(b) Address Belleville, Ill.
19. (a) MAY 26 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1943 hour 8 minute 20 P.M.
21. I hereby certify that I attended the deceased from , 19 , to May 21 , 1943; that I last saw her alive on May 21 , 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Pem Phrugus Nuclegrafi	8 Mos.
Due to Acute Pem Phrugus	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

1531

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 Joseph Grindon Sr. (M. D. or other)
Address 4500 Olive St Date signed May 24 1943

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar A. Baldus.

Licensed Embalmer No. 2846

P. O. Address Belleville, Ill

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.