

S. No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19742  
Registrar's No. 5807

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. John's 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 Missouri (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2134 67th Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carrie Nell Juergens  
(b) If veteran, name war none (c) Social Security No. 497-07-9516

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 24, 1943  
year \_\_\_\_\_ hour 4:30 minute P M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles Arthur Juergens 6. (c) Age of husband or wife if 40 years  
7. Birth date of deceased February 28 1915  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10 1943 to June 24 1943; that I last saw her alive on June 24 1943; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
28 3 26 hr. \_\_\_\_\_ min.

Immediate cause of death  
myocardial failure  
ischemic  
Duration 24 hrs  
3 days

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

Due to acute nephritis 15 days  
Due to coronary artery 12-6 months  
arteriosclerosis

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) HO

MOTHER FATHER {  
11. Industry or business \_\_\_\_\_  
12. Name August Hambrick  
13. Birthplace Desarc Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Cora Provence  
15. Birthplace Desarc Arkansas  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: coronary involvement  
arteriosclerosis - aortic & peripheral  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant C. Arthur Juergens  
(b) Address 2134 67th Street

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof June 26 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Shepard Funeral Home  
(b) Address 1167 Hamilton Avenue  
19. (a) JUN 25 1943 (b) J. F. Prud'homme  
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Prud'homme (M. D. or other) MD  
Address 4917 Maryland Date signed 6/25/43

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

844

4952 Monahan

**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 W W Wilkinson

Licensed Embalmer No. 3575

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.**