

**FILED MAR 1 1944 8**

Registration District No. \_\_\_\_\_ 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:  
3728a Iowa Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 62 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3728a Iowa Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mrs. Ludmilla Junghans  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Charles Junghans 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 5th, 1880  
(Month) (Day) (Year)

**8. AGE:** Years 64 Months 0 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Frederick Eisenbeiss

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

14. Maiden name Dorothea Steinmeyer

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Wallenbrook

(b) Address 3728 1/2 Iowa Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beldewieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) Feb 19 1944 (Date received local registrar) (b) J. J. [Signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 16  
 year 1944 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from Feb. 15, 1944 to Feb. 16, 1944  
 that I last saw her alive on Feb. 15, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
 Due to Chronic Myocarditis 5 yrs  
Arterio-Sclerosis 5 yrs

Other conditions 93  
(Include pregnancy within 3 months of death)

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)  
 (c) Means of injury \_\_\_\_\_  
 Signature A. W. Peters (M. D. or other) M. D.  
 Address 4145 a S. Grand Blvd. Date signed 2/18

No Hours  
on Thursday

Dr. A. W. Peters  
4145<sup>a</sup> So. Grand

2-4

**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.....

*Delis J. Krispin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

**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.