

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8944**
Registrar's No. **2376**

FILED MAR 20 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7021 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOSEPH T. FUNKHOUSER.
3. (b) If veteran, name war unknown
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Gene Funkhouser
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept. 24 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 17 hr. min.

9. Birthplace Edwards County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist -- D.D.S.

11. Industry or business Dental Surgery

12. Name J. Funkhouses.

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

14. Maiden name Ella Rebecca Seavington.

15. Birthplace Edwards County, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Funkhouser.

(b) Address 7021 Lindell Blvd.

17. (a) Burial (b) Date thereof 3/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) MAR 10 1944 (b) J. T. Bedach
(Date received local registrar) (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1944 hour 5:00 minute A. M.
21. I hereby certify that I attended the deceased from Mar 8 1944 to Mar 10 1944
that I last saw him alive on Mar 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to arterio sclerosis
Due to CH
Other conditions (Include pregnancy within 3 months of death) CH

Duration 26 hrs
Indef

Major findings:
Of operations
Of autopsy Coronary thrombosis
Generalized arterio sclerosis

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 Voland Steffer (M. D. or other)
Address 4500 Olive Date signed 3/10/44

4500 Olive St.

FO-3800

Hrs. 1 to 3 P.M.

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

Brianford A. Miles

Licensed Embalmer No. *2901*

P. O. Address *University City - Mo.*

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.