DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19874

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5429

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: Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
In this community 0 10 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2 3

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2704 So. Jefferson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME Joseph Juelfs

3. (b) If veteran, name war no

3. (c) Social Security No. 355-09-2637

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov. (Month) 13th. (Day) 1878 (Year)

8. AGE: Years 65 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business on farm

FATHER
12. Name John Juelfs
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Heller Illinois
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature Robert Juelfs
(b) Address 2712 Accomac

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-17-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo Illinois

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec

19. (a) JUN 16 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 14
year 1944 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 6-10, 1944 to 6-14, 1944
that I last saw h alive on 6-14-44, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis due

Due to Ce Perforate appendix

Due to

Other conditions 121.1
(Include pregnancy within 3 months of death)

Major findings:
Of operation Generalized Peritonitis
Of autopsy diagnosis

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 4930 Lindell Blvd Date signed

(Licensed Embalmer's Statement on Reverse Side)

NB. Every item of information should be carefully supplied. NOTE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....Francis A. Williams

Licensed Embalmer No.....3565

P. O. Address.....St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.