

FILED FEB 1 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

624

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:
5517 Southwest Av.
(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

3. (a) PRINT FULL NAME John Juelich

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 20 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 28 If less than one day hr. _____ min. _____

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Tile Molder

11. Industry or business _____

12. Name John Juelich

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

14. Maiden name Mary Will

15. Birthplace German
(City, town, or county) (State or foreign country)

16. (a) Informant Jean Maniscalco

(b) Address 2129 Maury

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof January 21 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director P. Miceli-Sons

(b) Address 1150 N. Kingshighway

19. (a) JAN 15 1946 (b) J. F. Brodeek
(Date received local registrar) (Registrar's signature)

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. 5517 Southwest Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1946 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from 1940, 19____, to January 16, 1946

that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic hepatitis Duration 1 year

Due to _____
Uringy bladder 6 year

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

Major findings: Of operations _____

Of autopsy _____

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 Larry Ritter (M. D. or other) _____
Address 607 W. Grand Date signed 1-19-46

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

2671

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 Warren A. Carver

Licensed Embalmer No. 3534

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.