

S. No. 2
M-12-45
v. 5-17-39
P I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15915
Registrar's No. 843

FILED APR 23 1947
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County Overland St Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9606 Robertson Court
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 65 Yrs.
years, months or days

3. (a) PRINT FULL NAME Mrs. Annie Jungmann

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 Mr. Jacob Jungmann

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

7. Birth date of deceased November 25, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 4 16 _____ hr. _____ min.

9. Birthplace Wright City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown (Vieth)

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

{ 14. Maiden name Unknown

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

16. (a) Informant Mr. Albert Youngman

(b) Address 6817 Bonnie Ave., Affton (23)

17. (a) Burial (b) Date thereof 4/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery,

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

(b) Address 1936 St. Louis Avenue

19. (a) 4-15-47 (b) Carl R. J. Shap...
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Overland-St Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 9606 Robertson Court
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th.
year 1947 hour 8 minute :25 P M.

21. I hereby certify that I attended the deceased from Dec.
15 - 1947, to April-10 - 1947.

That I last saw her alive on April-9, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion of 1 day

Due to Arteriosclerosis - 94 years

Due to Senile Condition

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 220

(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 2

Signature Roy A. Walker (M. D. or other) _____

Address 2438 Washington Rd. Date signed 4-11-47

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. Krupin*

Licensed Embalmer No. *3497*

P. O. Address..... *1936 St. Louis Ave*

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.