

FILED MAY 29 1947

318

Primary Registration District No.

1003

Registrar's No.

4907

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3319 Abner Place  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Betty I. Junge

3. (b) If veteran, name war No

3. (c) Social Security No. 488-12-9304

4. Female 5. Color or race White

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

6. (b) Name of husband or wife Francis Wm. Junge

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 24th, 1907  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	9	19	hr. min.

9. Birthplace Hamilton Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Wm. Biggerstaff

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

14. Maiden name Anna McMahan

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

16. (a) Informant Francis Wm. Junge

(b) Address 3319 Abner Place

17. (a) Burial (b) Date thereof 5/16/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McLeansboro, Ill.

18. (a) Signature of funeral director Kraeger-Voss

(b) Address 3402 N. Kingshighway

19. (a) MAY 15 1947 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 3319 Abner Place  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1947 hour 5:00 minute a. M.

21. I hereby certify that I attended the deceased from 2 yr  
May 45 1945 to May 13 1947  
that I last saw her alive on May 13 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cor. Collaps 1 day

Due to chr. Myocarditis  
chr. Hepatitis  
Parasitosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 12/4

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Dr. Prof. Junge (M. D. or other) \_\_\_\_\_  
Address 2621 S. Jeffers Date signed 5/13/47

V9 JUN 23 1999

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**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..... *J. W. Wilkins*  
Licensed Embalmer No. *3375*  
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.**