S. No. 2
M—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22935

Registration District No. 31

Primary Registration District No. 6576

Registrar's No. 1496

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 6/30/47 (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4127 Cratioit 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FUNSCH, Fred S.
3. (b) If veteran, name war World I
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 Julia
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased February (Month) 6 (Day) 1895 (Year)

8. AGE: Years 52 Months 5 Days 3 If less than one day hr. 20 min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name Albert J. Funsch
13. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Julia Sunkel
15. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar, Vet. Adm. Hospital,
(b) Address Jefferson Barracks 23, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Kriegshauser Mort.
(b) Address 4228 S. Kingshighway, St. Louis
19. (a) 7-11-47 (Date received local registrar) (b) Carlay Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1947 hour 12:20 minute A M.

21. I hereby certify that I attended the deceased from June 30, 1947, 19..., to July 9, 1947, 19...; that I last saw him alive on July 9, 1947, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE

Due to 93 R

Due to

Other conditions HYPERTENSIVE CARDIO-VASCULAR DISEASE
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation
Of autopsy No Autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 L. E. Stilwell (M. D. or other)
Address Vet. Adm. Hosp., Jef. Bks., Mo. Date signed 7/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1949

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 Edwin A. McDermott

Licensed Embalmer No. 3024

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.