No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

Registration District No. 378

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25707

Primary Registration District No. 1003

Registrar's No. 6631

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

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 68 years

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. 8721 Halls Ferry Road
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Mr. Otto Junghans

3. (b) If veteran, name war —

3. (c) Social Security No. 499-01-3476

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eugenia Ohaiek

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

7. Birth date of deceased October (Month) 22, (Day) 1874 (Year)

8. AGE: Years 72 | Months 8 | Days 21 | If less than one day hr. min.

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

10. Usual occupation Tile Setter

11. Industry or business Construction

FATHER
12. Name Frederick Junghans
13. Birthplace Germany (City, town, or country) (State or foreign country)

MOTHER
14. Maiden name Minnie Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Eigel
(b) Address 8721 Halls Ferry Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.
(b) Address 1936 St. Louis Avenue

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1947 hour 2: minute 20 P. M.

21. I hereby certify that I attended the deceased from 7-7, 1947 to 7-13, 1947 that I last saw him alive on 7-13, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	7 days
Due to Hypertensive heart disease	4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

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) —

(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 one of places)

While at work? — (e) Means of injury —

23. Signature Raymond C. Sandermann M.D.

Address Bayle Med. Building, St. Louis Date signed 7-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lindermann
6 Monte Belle Drive

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 Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.