No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2694

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 538

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5206 Alabama Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 0-0-0
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 5206 Alabama Ave. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country

3. (a) PRINT FULL NAME: Mary Jungbauer
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: Married
6. (b) Name of husband or wife: John
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: October (Month) 16, (Day) 1873 (Year)

8. AGE: Years 74 Months 3 Days 1 If less than one day hr. min.
9. Birthplace: Checho-Slovakia (City, town, or county) (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Ignatz Hurka
13. Birthplace: Checho-Slovakia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Not known
15. Birthplace: Checho-Slovakia (City, town, or county) (State or foreign country)
16. (a) Informant: Helen Jungbauer
(b) Address: 5206 Alabama Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Resurrection Cemetery
18. (a) Signature of funeral director: John H. Gehken Sons Und. Co.
(b) Address: 2630 Gravois Ave.
19. (a) JAN 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th, year 1948 hour 8 minute A M.
21. I hereby certify that I attended the deceased from Sept 9, 1947 to Jan 17, 1948 that I last saw h. alive on Jan 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	10 hrs
Due to: Acute cardiac Decompensation	10 hrs
Due to: Hypertensive heart disease	years
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 type of place)
While at work? — (e) Means of injury: —
23. Signature: George A. Dunnam (M. D. or other) M.D.
Address: 3325 S. Grand Date signed 1-19-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address 4104 Manchester 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.