

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:..... **St. John's Hosp. 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **2 Weeks**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... **EMMA JUNGE**
3. (b) If veteran, name war..... **No**
3. (c) Social Security No. **No**

4. Sex..... **Female**
5. Color of race..... **White**
6. (a) Single, widowed, married, divorced..... **Widowed**
6. (b) Name of husband or wife..... **William E. Junge**
6. (c) Age of husband or wife if alive..... **deceased**
7. Birth date of deceased..... **Oct. 9 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 3 hr. min.

9. Birthplace..... **New Baden Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Nil**

11. Industry or business.....

12. Name..... **Leonard Schoepp 4**

13. Birthplace..... **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Caroline Stumpf 4**

15. Birthplace..... **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Raymond Junge**

(b) Address..... **6137 Grand**

17. (a) Burial, cremation, or removal..... **Burial**
(b) Date thereof..... **July 15 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Old St. Marcus Cemetery**
C. Hoffmeister Colonial Mortuary

18. (a) Signature of funeral director.....

(b) Address..... **6464 Chippewa St.**

19. (a) **JUL 13 1948**
(Date received local registrar)
(b) **J. F. Bredek**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo** (b) County..... **500**
(c) City or town..... **St. Louis Mo** **17**
(If outside city or town limits, write "RURAL")
(d) Street No..... **3845 DeTonty** **90**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **12**
year..... **1948** hour..... **10** minute..... **00** P. M.

21. I hereby certify that I attended the deceased from..... **May 1946**
....., 19....., to..... **July 12 1948**
that I last saw her alive on..... **7/12/48**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Anterior wall Heart disease**

Due to..... **probably Hypertensive Pneumonia**

Due to..... **61**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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..... **J. F. Bredek** (M. D. or other)

Address..... **556 J. Bering** Date signed..... **7/13/48**

MOTHER FATHER

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

Dr. Graneto
5521 So. Broadway
1-3

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.....

Harry J. Selman

..... Licensed Embalmer No. *2679*.....

P. O. Address *7814 S. Broadway*

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.