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#01988  
FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38127

FILED DEC 8 1948 318

1003

State File No. ....

Registration District No. .... Primary Registration District No. .... Registrar's No. 10378

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

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. 1913a Bacon  
Memorial (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM FUNDERBURG

3. (b) If veteran, name war.....

3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th  
year 1948 hour 2 minute 00 A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lela Funderburg

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 20 1904  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/22/48  
to Nov. 29th 1948  
that I last saw him alive on Nov. 29th 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 8 Days 9  
If less than one day hr. min.

Immediate cause of death Thrombosis of Middle Cerebral Artery  
Hypertension  
Arteriosclerosis

Duration 7 days

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

9. Birthplace Carroll County Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Major findings: Of operations.....

Of autopsy Same

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

MOTHER FATHER

11. Industry or business.....

12. Name Marshall Funderburg

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

14. Maiden name Leona Morter

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

16. (a) Informant Lela Funderburg  
(b) Address 4423a Lafayette

17. (a) Monticello, Ark. Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place of burial or cremation Monticello, Ark.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) NOV 29 1948 (Date received local registrar)  
(b) J. B. Rooster (Registrar's signature)

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 1515 Lafayette 11/29/48  
Address Date signed

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

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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.....

.....  
working under my personal supervision.

....., Registered Apprentice No.....  
Signed *Robert M. Murray*  
Licensed Embalmer No. *3749*  
P. O. Address *St. Louis, Mo*

**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.**