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THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32481**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4444 Registrar's No. 2168

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1902-Fairview Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>1902-Fairview Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elizabeth</u>	b. (Middle) <u>Caroline</u>	c. (Last) <u>Jung</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 9, 1886</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Days _____	Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Mt. Pleasant, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carl Mueller</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ziegler</u>	14. NAME OF HUSBAND OR WIFE <u>Charles P. Jung Decd.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Luille Jung</u>	ADDRESS <u>1902-Fairview Ave-Overland, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-vascular renal disease</u>		<u>10 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. arthritis</u>			<u>411X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 2/12, 1943, to 9/8, 1949, that I last saw the deceased alive on 9/5, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Stoelzle</u> (Degree or title) _____	23b. ADDRESS <u>104 W. Adams, Kirkwood</u>	23c. DATE SIGNED <u>9/10/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-12-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ev. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Olivette, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-12-49</u>	REGISTRAR'S SIGNATURE <u>Robert R. Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Prumann Brothers Inc</u> ADDRESS <u>2504 Woodson Rd-Overland-11-Mo.</u>
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Escar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14, 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.