

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6956

BIRTH NO. _____ REG. DIST. NO. 817 PRIMARY REG. DIST. NO. 3063 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>MO.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>CLAYTON</u>	c. LENGTH OF STAY (In this place) <u>2 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u> 4/69	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CO. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>VIS BRISTOL RD.</u>	

3. NAME OF DECEASED a. (First) <u>ELIZABETH</u> b. (Middle) _____ c. (Last) <u>LUNGERICH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 10. 1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 1, 1874</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR: Months _____ Days _____
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 _____	11. BIRTHPLACE (State or foreign country) <u>WHEELING W. VA.</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>JONAS BLESSING</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH DESCH</u>	14. NAME OF HUSBAND OR WIFE <u>CALVIN LUNGERICH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CALVIN LUNGERICH</u> ADDRESS <u>VIS BRISTOL RD.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUBARACHNOID HEMMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 HRS.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>HYPERTENSIVE CARDIO-VASC - years</u>		
	DUE TO (c) <u>DISEASE</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>443X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____
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? _____

22. I hereby certify that I attended the deceased from 2-8-1950, to 2-10-1950, that I last saw the deceased alive on 2-10-1950, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph Dettlinger, D.</u> (Degree or title)	23b. ADDRESS <u>601 Beechwood, Clayton</u>	23c. DATE SIGNED <u>2-10-50</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>REMOVAL (RAIL)</u>	24b. DATE <u>FEB. 12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEWPORT CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NEWPORT PENN.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Harbert W. Wombe, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u> ADDRESS <u>4428 S. KINGS HIGHWAY</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

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.