

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31647
Registrar's No. 7888

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
1. PLACE OF DEATH a. COUNTY			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 township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2167</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>3862 Arsenal St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle)	c. (Last) <u>Funk</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-16-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-7-70</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailoring business</u>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Funk</u>	
13b. MOTHER'S MAIDEN NAME <u>Madeline Fehser</u>		14. NAME OF HUSBAND OR WIFE <u>Sophie Cowan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROBERT RISSE 3652 MARCELINE</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undisclosed at Autopsy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Operation for Benign Prostatic Hypertrophy 3 years</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>9-11-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign Prostatic Hypertrophy - removed 45 gm.</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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. HOW DID INJURY OCCUR <u>610X</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>9-7-50</u> , 19 <u>50</u> , to <u>9-16-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-16-50</u> , 19 <u>50</u> , and that death occurred at <u>5:30 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles S. Sherwin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1325 S. Grand, St. Louis 4, Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>9/19/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MO. CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO</u>		
DATE REC'D BY LOCAL REG. <u>SEP 18 1950</u>	REGISTRAR'S SIGNATURE <u>J.B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SCUMACHER UND. CO. 3013 MERAMEC</u>		

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Francis Williamson

Signed.....
Student Embalmer

Licensed Embalmer No. 3565

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.