

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43096

3063 State File No.

10-48

003

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

| | | | | | | | | |
|--|--|---|--|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>4464</u> | | Registrar's No. <u>3084</u> | | |
| 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) <u>Clayton</u> | | c. LENGTH OF STAY (In this place) <u>4 weeks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u> | | <u>4251</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>10,770 Boothe Avenue</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>May</u> c. (Last) <u>Waldmann</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19, 1950</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | | 8. DATE OF BIRTH <u>May 19, 1891</u> | | |
| 9. AGE (In years last birthday) <u>59</u> | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 MIN. Hours | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | | 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>John Jungling</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Tini</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edward Dea.</u> | | | |
| 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 ADDRESS <u>William Waldmann 22-Oak Fairfax, Calif.</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>PULMONARY Edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY Thrombosis</u> <u>2 wks</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephrosclerosis</u> | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4/30/1</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. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>12-18, 1950</u> to <u>12-19, 1950</u> that I last saw the deceased alive on <u>12-19, 1950</u> and that death occurred at <u>5 a</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>James W. Deesley M.D.</u> | | | | 23b. ADDRESS <u>601 Brentwood Blvd.</u> | | 23c. DATE SIGNED <u>12/21/50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-22-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>12/21/50</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumgardner Bros. Inc.</u> | | ADDRESS <u>2504 Woodson Rd. Overland-14, Mo.</u> | | |

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.....

Oscar F. Mueller

Signed.....

Student Embalmer

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.