

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10268
3122

State File No.
Registrar's No.

318

1003

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.			
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>		2269					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3712 N. 14th</u>				e. STREET ADDRESS (If rural, give location) <u>3712 N. 14th</u>		0					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clemens</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Jungman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 31 1951</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>2-16-1878</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Union official</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Teamsters Local 600</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Clementine</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Jungman</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>494-03-4141</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Jungman - 3712 N. 14th</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular fibrillation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>								INTERVAL BETWEEN ONSET AND DEATH <u>???</u> <u>???</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HH2X</u>							
22. I hereby certify that I attended the deceased from <u>May 12</u> , 19 <u>44</u> , to <u>3-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-30</u> , 19 <u>51</u> , and that death occurred at <u>12:45</u> p.m., from the causes and on the date stated above.											
23a. SIGNATURE (Name) (Degree or title) <u>Bernard K. Howe M.D.</u>				23b. ADDRESS <u>2435 N. Grand Blvd</u>			23c. DATE SIGNED <u>3-31-51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-2-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>					
DATE REC'D BY LOCAL REG. <u>APR 1 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Sauer</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edur Koch + Son - 3516 N. 14th</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.....

Peter B. Dubouille

Signed.....
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.