

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21283
5418
State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) OR TOWNSHIP 3 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1904 Withnell				d. STREET ADDRESS (If rural, give location) 3536 Tennessee			
3. NAME OF DECEASED (Type or Print) a. (First) Aurelia		b. (Middle) Emma		c. (Last) Jung		4. DATE OF DEATH (Month) (Day) (Year) June 14 1951	
AURELIA		EMMA		JUNG			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH March 2 1906	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Engelmann Twp. Illinois		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Henry J. Jung		13b. MOTHER'S MAIDEN NAME Mary F. Fietz		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Emelia L. Hund		ADDRESS 1904 Withnell St. Louis, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage - Coma				INTERVAL BETWEEN ONSET AND DEATH May 25/51			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Arterio-Sclerosis			
				DUE TO (c) Chr. Myocarditis			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Collapse Pelvic Tumor			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H22!			
22. I hereby certify that I attended the deceased from May 25, 1951 , to June 14, 1951 ; that I last saw the deceased alive on June 14, 1951 , and that death occurred at 3:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Leo P. Young M.D.				23b. ADDRESS 2621 S. Jefferson		23c. DATE SIGNED 6/14/51	
24a. BURIAL CRYPT? TOWN, REMOVAL (Specify) _____		24b. DATE June 18 51		24c. NAME OF CEMETERY OR CREMATORY Holy Childhood Cath.		24d. LOCATION (City, town, or county) (State) Mascoutah Twp. Ill.	
DATE REC'D BY LOCAL REG. JUN 15 1951		REGISTRAR'S SIGNATURE J. B. Karater		25. FUNERAL DIRECTOR'S SIGNATURE Emmett L. Wall ADDRESS Mascoutah Ill.			

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 _____

Not Embalmed.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Emmett S. L. Neale*

Licensed Embalmer No. *2998*

P. O. Address *Manassas Va*

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.