

FILED FEB 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3522

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|   |  |                                  |  |  |  |  |  |   |   |   |   |  |  |  |
|---|--|----------------------------------|--|--|--|--|--|---|---|---|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>317</u>        |  | PRIMARY REG. DIST. NO. <u>3065</u>   |  | Registrar's No. ....   |  |   |   |   |   |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>   |  |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u>  |  |  |  | b. COUNTY <u>St. Louis</u>  |   |   |   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Glendale</u>  |  |                                  |  | c. LENGTH OF STAY (In this place)<br><u>25 yrs.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Glendale</u> <u>4651</u> |  |   |   |   |   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#22 Winnetka Lane</u>  |  |                                  |  | d. STREET ADDRESS (If rural, give location)<br><u>#22 Winnetka Lane</u>  |  |  |  | <u>6</u>  |   |   |   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>MARGARET</u>  |  |                                  | a. (First)                                       |  |  | b. (Middle)  |  |   | c. (Last) <u>JUENGER</u>  |   |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Jan. 2, 1952</u>          |  |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>White</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>   |  | 8. DATE OF BIRTH<br><u>8-25-1855</u>   |  | 9. AGE (In years last birthday)<br><u>96</u>                        |   | 10. UNDER 1 YEAR<br>Months <u>4</u> Days <u>7</u> |   | 11. UNDER 18 HRS.<br>Hours <u>7</u> Mins.                                |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Housewife</u>   |  |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  |  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Darmstadt, Ill.</u> |   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |  |  |  |
| 13a. FATHER'S NAME<br><u>Henry Petri</u>  |  |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>  |  |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Michael Juenger</u>               |   |   |   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |  |                                  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  |  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>George Juenger, above</u>   |   |   |   | ADDRESS  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u><br>ANTECEDENT CAUSES<br><u>None</u><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  |  |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH   |  |  |
| 19a. DATE OF OPERATION  |  |                                  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>4200</u>  |  |  |  |   |   |   |   | 20. AUTOPSY?<br>YES <input 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>1947</u> to <u>1952</u> , that I last saw the deceased alive on <u>Dec</u> , 1951, and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above. |  |                                  |  |  |  |  |  |   |   |   |   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>George Juenger</u>   |  |                                  |  |  |  | 23b. ADDRESS<br><u>7816</u>  |  |   | 23c. DATE SIGNED<br><u>1/3/52</u>                                       |   |   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  |                                  | 24b. DATE<br><u>1-5-1952</u>                     |  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Holy Ghost Cemetery</u>   |  |   | 24d. LOCATION (City, town, or county) (State)<br><u>Darmstadt, Ill.</u> |   |   |  |  |  |
| DATE REC'D BY LOCAL REG.<br><u>JAN 3 1952</u>   |  |                                  | REGISTRAR'S SIGNATURE<br><u>Herbert A. Tomke</u> |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>JAY B. SMITH</u>  |  |   | ADDRESS<br><u>7450 Manchester Ave. Maplewood 17, 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *H. P. Burgess*

Licensed Embalmer No. 4029

P. O. Address Maplewood

**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.