

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11420

423

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 423	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 23		c. LENGTH OF STAY (In this place) Years 23		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 23		4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 12040 Tesson Ferry Rd.				d. STREET ADDRESS (If rural, give location) 12040 Tesson Ferry Rd.			
3. NAME OF DECEASED (Type or Print) AUGUST		a. (First) J.		b. (Middle) JUENDEL		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 20, 1874		9. AGE (In years last birthday) 77		10. MONTH (Day) (Year) 11 25		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Sappington, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Juengel, Sr.		13b. MOTHER'S MAIDEN NAME Catherine Metzger		14. NAME OF HUSBAND OR WIFE Mathilda Juenger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mathilda Juengel, St. Louis 23 Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Inoperable Carcinoma of Stomach with metastases. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 151X DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS General arteriosclerosis with Sclerosis.				INTERVAL BETWEEN ONSET AND DEATH 9 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach with metastases				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) Sappington (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? b			
22. I hereby certify that I attended the deceased from 9-19, 1948, to 2-15, 1952, that I last saw the deceased alive on 2-10, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank A. Bailey M.D.				23b. ADDRESS 3108 So. Grand Blvd.		23c. DATE SIGNED 2-16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/18/52		24c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery		24d. LOCATION (City, town, or county) (State) Sappington, Mo.	
DATE REC'D BY LOCAL REG. 2-18-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc., Kirkwood, Mo.			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Felix Hunsand*

Licensed Embalmer No. *3034*

P.O. Address *Kirkwood 222*

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.