

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3108**
0439

FILED JAN 28 1953
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1453 Stewart Pl.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
d. STREET ADDRESS (If rural, give location) 6 1453 Stewart Pl.		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) Ambrose b. (Middle) Funke c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan. 13. 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 13, 1868
9. AGE (In years last birthday) 84		# UNDER 1 YEAR 3 Months	# UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Louis Funke	
13b. MOTHER'S MAIDEN NAME Petrona Savedra		14. NAME OF HUSBAND OR WIFE Joseph Funke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Joseph Funke		ADDRESS 1453 Stewart Pl.	
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) Cancer of Prostate Gland 4 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) none	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR 177X		22. I hereby certify that I attended the deceased from 12/10 , 19 53 , to 7/13 , 19 53 , that I last saw the deceased alive on 1/13 , 19 53 , and that death occurred at 7:30P m., from the causes and on the date stated above.	
23a. SIGNATURE Dr. John B. Cameron, M.D.		23b. ADDRESS 2105 So. Broadway	
23c. DATE SIGNED 1/4/53		23d. SIGNATURE J. Earl Smith, M.D.	
23e. ADDRESS 1225 Union		24. BIRTHAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-16-53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Stark	
25. ADDRESS 1225 Union		DATE REC'D BY LOCAL REG. JAN 15 1953	

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

4-10 (Licensed Embalmer's Statement on Reverse Side)

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 3505 Oakdale

St. Louis 20, 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.