

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3320

State File No.

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **1046**

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>13 Days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De. Paul Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beverly Hills</u> 4160	
		d. STREET ADDRESS (If rural, give location) <u>3529 Lincoln</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gustave</u> b. (Middle) <u>A.</u> c. (Last) <u>Junge</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 29 1886</u>
9. AGE (In years last birthday) <u>66</u>		10. KIND OF BUSINESS OR INDUSTRY <u>House Construction</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>Adolph Junge</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Heid</u>	
14. NAME OF HUSBAND OR WIFE <u>Gertrude Hoffmeyer Junge</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>497-07-3358</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Adele Junge</u>		ADDRESS <u>3529 Lincoln</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Broncho Pneumonia</u> ANTECEDENT CAUSES <u>Arteriosclerotic Heart Disease</u> 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 <u>Secondary Anemia caused by unknown</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) <u>None</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <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>None</u>		4200	
22. I hereby certify that I attended the deceased from <u>Nov 1, 1952</u> to <u>Jan 29, 1953</u> , that I last saw the deceased alive on <u>Jan 27, 1953</u> , and that death occurred at <u>12P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Staehle M.D.</u> (Degree or title)		23b. ADDRESS <u>7124 Natural Bridge</u>	
23c. DATE SIGNED <u>1-28-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 30</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City/town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 29 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>William Kelly</u>		ADDRESS <u>7267 Natl Bridge</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

James A. Lemmers

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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.