

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11918

State File No.

FILED MAR 18 1953

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 2233

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2109	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 10 3968 Palm St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3968 Palm St			
3. NAME OF DECEASED a. (First) Anna (Type or Print)		b. (Middle) M. c. (Last) Junte	
4. DATE OF DEATH February 24 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH September 11 1866
9. AGE (In years last birthday) 86		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME August Lange		13b. MOTHER'S MAIDEN NAME Unkonwn	
14. NAME OF HUSBAND OR WIFE Labe Alexander H Junte			
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. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME Mr Edwin W. Junte		ADDRESS 8730 Oriole Ave 15	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Hypertensive CARDIOVASCULAR RENAL DISEASE INTERVAL BETWEEN ONSET AND DEATH 15 YEARS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. GENERALIZED ARTERIOSCLEROSIS 20 YEARS 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 - Obliterans both LEGS	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 442X			
22. I hereby certify that I attended the deceased from Feb. 17, 1953, to Feb. 24, 1953 , that I last saw the deceased alive on Feb. 21, 1953 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Dress or title) Bennett R. Wood M.D.		23b. ADDRESS 3442 Geraldine St. Louis 15, Mo.	
23c. DATE SIGNED 2-26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE February 28 1953	
24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo	
DATE REC'D BY LOCAL REG. FEB 27 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Carvin F Feutz		ADDRESS 4828 Nat Bridge Blvd	

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

10 A.M. to 1 P.M.

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 Raymond C. Lindew

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.