

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34634

State File No.

FILED OCT 2 - 1953

BIRTH NO. 17 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2925

1. PLACE OF DEATH

a. COUNTY St Louis
b. CITY OR TOWN Affton
c. LENGTH OF STAY (in this place) 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 9953 Gravois

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo b. COUNTY St. Louis
c. CITY OR TOWN St Louis Co. (Affton)
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS 9953 Gravois

3. NAME OF DECEASED (Type or Print)

a. (First) Dorothy b. (Middle) M c. (Last) Jung

4. DATE OF DEATH (Month) (Day) (Year)
Sept 11, 1953

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 7, 1909

9. AGE (In years last birthday) 44

If UNDER 1 YEAR: Months Days If UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (City and State or Foreign Country)

St Louis Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

Bernard Wegman

13b. MOTHER'S MAIDEN NAME

Theresa Feldt

14. NAME OF HUSBAND OR WIFE

John Jung

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. none

17. INFORMANT'S SIGNATURE OR NAME
John Jung 9953 Gravois

ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (e)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Respiratory unknown natural causes

INTERVAL BETWEEN ONSET AND DEATH

unk

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

1955

20. AUTOPSY?

YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Domke, M.D., Local Registrar

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 9/15/53

24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.

24d. LOCATION (City, town, or county) (State)
St Louis Mo.

DATE REC'D BY LOCAL REG. 9/12/53

REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J L Ziegenhein & Sons 7027 Gravois

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.....
Signature of Student Embalmer

Signed *Neville D. Frohwitter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *7027 Grant*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.