

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 25 1953

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2907

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2179</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, St. Ferdinand</u> )		c. CITY OR TOWN <u>St. Louis</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 Months</u>		e. STREET ADDRESS (If rural, give location) <u>3828 St. Ferdinand Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Halls Ferry Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederich</u> b. (Middle) _____ c. (Last) <u>Yungewaelter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 19, 1974</u>
9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u>18</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher, Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MEAT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Frank Yungewaelter</u>		13b. MOTHER'S MAIDEN NAME <u>Wm. Kuke</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Yungewaelter</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>489-05-3052</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Eble, 541 Ford Dr. Ferguson</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>Arteriosclerotic Cardiovascular disease</u> 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. <u>arteriosclerotic dementia</u>	
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) <u>4221</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____	
22. I hereby certify that I attended the deceased from <u>March 24, 1952</u> , to <u>Nov 7, 1953</u> , that I last saw the deceased alive on <u>Nov 3, 1953</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Lewis Littman MD</u> (Degree or title)		23b. ADDRESS <u>8231 Clayton Rd (17)</u>	23c. DATE SIGNED <u>11/9/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/11/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11/11/53</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Jonke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Popp, Inc. Kirkwood Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

