FILED AUG 2 - 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 24767

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6688

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (In this place): 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 24 3641 Ohio Ave. 2249

**3. NAME OF DECEASED** (Type or Print): a. (First) ELLA b. (Middle) A. c. (Last) JUNGHANS

**4. DATE OF DEATH** (Month) July (Day) 18 (Year) 1954

**5. SEX** Female 1

**6. COLOR OR RACE** White

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

**8. DATE OF BIRTH** Jan. 11, 1889

**9. AGE** (In years last birthday) 65 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

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

**10b. KIND OF BUSINESS OR INDUSTRY**: Holy Cross Luth.Congregation

**11. BIRTHPLACE** (State or foreign country): St.Louis, Mo. 0

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME**: Edward Junghans

**13b. MOTHER'S MAIDEN NAME**: Johanna Niemeyer

**14. NAME OF HUSBAND OR WIFE**: –

**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.** 486-40-7009

**17. INFORMANT'S SIGNATURE OR NAME, ADDRESS**: Miss Ida Junghans, 3641 Ohio Ave.

**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) CARDIAC Decompensation, AURICULAR Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 6/17/54

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.* ULCERATIVE COLITIS CHR. Progressive Severe — 8/53

**19a. DATE OF OPERATION** 6/14/54

**19b. MAJOR FINDINGS OF OPERATION** MARKED INFLAMATORY AND DEGENERATIVE CHANGES OF ENTIRE COLON

**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) m.

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

**21f. HOW DID INJURY OCCUR?** 5722

22. *I hereby certify that I attended the deceased from* _____, 19 46, *to* 7-18-, 19 54, *that I last saw the deceased alive on* 7-18-, 19 54, *and that death occurred at* 3 10 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Omer L. Grant M.D.

**23b. ADDRESS**: 2838 S. Grand Blvd.

**23c. DATE SIGNED**: 7-19-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 7-21-54

**24c. NAME OF CEMETERY OR CREMATORY**: Concordia Cemetery

**24d. LOCATION** (City, town, or county) (State): St.Louis, Missouri

DATE REC'D BY LOCAL REG. JUL 20 1954

REGISTRAR'S SIGNATURE: J. Earl Smith M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: BEIDERWIEDEN F.H.INC., 1936 St Louis Ave.

E.B. (Licensed Embalmer's Statement on Reverse Side)

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. None working under my personal supervision.

Student None
Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address St. Louis

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.