

18106

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3992**

FILED MAY 25 1956

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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 township) OR TOWN ST LOUIS,		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST LOUIS,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2521 a WARREN ST.				e. STREET ADDRESS (if rural, give location) 20 2521 a WARREN ST		22070	
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) J.		c. (Last) JUENGST		4. DATE OF DEATH (Month) (Day) (Year) APRIL 19, 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 10/30/1904	
9. AGE (In years last birthday) 51		10. UNDER 1 YEAR Months _____ Days _____		10. UNDER 2 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER		10b. KIND OF BUSINESS OR INDUSTRY INTERSTATE PRINTING CO. ST LOUIS MISSOURI		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HARRY JUENGST		13b. MOTHER'S MAIDEN NAME CECELIA JOEVEN		14. NAME OF HUSBAND OR WIFE GERTRUDE JUENGST			
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. # 191-10-3812		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GERTRUDE JUENGST 2521 a WARREN ST.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of esophagus 3 mos</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 150X</p>				INTERVAL BETWEEN ONSET AND DEATH 3 mos	
19a. DATE OF OPERATION Jan 30		19b. MAJOR FINDINGS OF OPERATION Biopsy thru broncho scope Confirmed carcinoma				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.) _____	
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? _____			
22. I hereby certify that I attended the deceased from Jan 19, 1956 , to April 19, 1956 , that I last saw the deceased alive on 19 Apr 1956 , and that death occurred at 1 PM m., from the causes and on the date stated above.							
23a. SIGNATURE H. P. Gold MD (Degree or title)				23b. ADDRESS 6000 W. Harrison St		23c. DATE SIGNED 20 Apr 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/23/56		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. APR 23 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT * CARROLL 4600 NATURAL BRIDGE AVE			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *M. W. Rueter*.....

Licensed Embalmer No. *486*

P. O. Address *St Louis*.....

† Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.