

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39133**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6051** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. CITY OR TOWN St. Charles, Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) Route # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 2			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) D	c. (Last) Jungermann	4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 3, 1882	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME Henry Jungermann	13b. MOTHER'S MAIDEN NAME Caroline Ehlmann	14. NAME OF HUSBAND OR WIFE Cora Schierding Jungermann
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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 Mrs. Lucille Hoffman, Rt. 2, St. Charles Mo.	ADDRESS Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Serousy, bacterial		Sudden
	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. Arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11:30 P.m.** to **11:30 P.m.**, 19**56**, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Bann	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED Nov. 23, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 25, 1956	24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem.	24d. LOCATION (City, town, or county) (State) Harvester Mo.
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DATE REC'D BY LOCAL REG. Nov 24 1956	REGISTRAR'S SIGNATURE Fannie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Bann, St. Charles, Mo.	ADDRESS St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Carroll M. Billo

Licensed Embalmer No. *4875*
P. O. Address *St. Charles*

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.