FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 26249

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5907

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hosp. — Length of stay in 1b: 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: 48300 Concord Village — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 10649 Baptist Church Rd — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Theo. Last: Juengel

4. DATE OF DEATH: Month: June Day: 22 Year: 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 11 1877
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 9 Days 11 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Sappington Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Juengel
14. MOTHER'S MAIDEN NAME: Catherine Metter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Elizabeth Juengel Address: 10649 Baptist Church Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Peritonitis — 4 hrs
Ruptured secum
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ruptured secum — 12 hrs
obstruction of bowel
DUE TO (c) Obstruction of bowel

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 48 to June 22 and last saw her/him alive on June 22
Death occurred at 10:30P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter L. Kelly (Degree or title) M.D.
22b. ADDRESS 9915 Gravois
22c. DATE SIGNED 6-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: June 26 1957
23c. NAME OF CEMETERY OR CREMATORY: St Lucas Cem.
23d. LOCATION (City, town, or county) (State): Sappington Mo.

24. FUNERAL DIRECTOR: Fey Funeral Home ADDRESS: Mehlville Mo.
25. DATE RECD. BY LOCAL REG.: JUN 25 '57
26. REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 42

P. O. Address St. Lou

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