

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3863

FILED JAN 27 1958

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wellston 4160 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. L. County Hospital		Length of stay in lb D.O.A.	d. STREET ADDRESS 6613 St. Louis Av. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Eugene Junge			4. DATE OF DEATH Month 1 Day 12 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 12, 1896		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Auto Mechanic (Ret.)		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (City and state or country) Catawissa, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Adolph Junge			14. MOTHER'S MAIDEN NAME Clara Heid		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, up or unknown) (If yes, give war or dates of service) Yes WW1		16. SOCIAL SECURITY NO. unk.	17. INFORMANT Address Mrs. Nellie Junge 6613 St. Louis		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 2-3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arterio sclerotic heart disease		years
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY St. Louis	STATE Mo.
21. I attended the deceased from March 1953 to Jan 14 1958 and last saw him alive on Jan 12 1958 Death occurred at 9:59P m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Fraugh Cohen M.D. (Degree or title)		22b. ADDRESS 10577 St Charles Rock Road St. Ann. Mo.		22c. DATE SIGNED 1-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/15/58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.		25. DATE RECD. BY LOCAL REG. 1-14-58	26. REGISTRAR'S SIGNATURE Hubert B. Rombold

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

Dr. Frank Cohen
10517 St. Charles Rock Road
Hrs. 3-9 P.M. MON. & Tues

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..... *Warren A. Case*

Licensed Embalmer No. 34

P. O. Address

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.