

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St, Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2609 Ann		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2609 Ann

3. NAME OF DECEASED (Type or print) First Middle Last Mary M Jungwaelter			4. DATE OF DEATH Month Day Year 8-21-1960		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-12-1872	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Martin Birkenmaier	13b. MOTHER'S MAIDEN NAME Katherine Seenmueller	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Marie T Sullivan 2609 Ann Ave
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ac. Coronary Pericarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>four hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>age & low blood pr.</i>	
	DUE TO (c) <i>4201</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) -
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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	COUNTY	STATE
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21. I attended the deceased from August 17/60 to Aug. 21/60 and last saw her him alive on Aug. 17/60 Death occurred at 4:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>Dr. Leo B. Jung</i> (M.D.)	22b. ADDRESS 2621 S. Jefferson - FOL. Mo	22c. DATE SIGNED Aug. 23/60
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23a. BURIAL, CREMATION, REINTERMENT Entombment	23b. DATE 8-25-1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Mausoleum	23d. LOCATION (City, town, or county) (State) St. Louis Co., MO.
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24. FUNERAL HOME ADDRESS WINGBERMUEHLE 3819 S. GRAND -- ST. LOUIS, MO.	25. DATE RECD. BY LOCAL REG. AUG 23 1960	26. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George Kingbornchile

Licensed Embalmer No. 4611

P. O. Address Honolulu 18

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