# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-013533
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 4002 | | |
| 2 | 4039 2 | | |
| 3 | | | |
| 4 | 1 | | |
| 5 | 10 | | |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1089

FILED APR 16 1962

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in Ib 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN St. Johns — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 3514 Roy Ave. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Caroline Middle Last Juengel
4. DATE OF DEATH Month April Day 3 Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-22-1871
9. AGE (last birthday) 90
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Nicholas Juengel
13b. MOTHER'S MAIDEN NAME ~~Unknown~~ Caroline Hagemann
14. NAME OF HUSBAND OR WIFE ---------
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 Erwin Juengel Address 3514 Roy Ave. (14)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Encephalomalacia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral thrombosis, right
DUE TO (c) Cerebral arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a) Pulmonary edema
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
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 April 1, 1962, to April 3, 1962 and last saw her/him alive on April 3, 1962
Death occurred at 10:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Albert L. Clauer M.D. (Degree or title)
22b. ADDRESS 601 S. Brentwood Clayton
22c. DATE SIGNED 4/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Apr. 7, 1962
23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG. 4-5-62
26. REGISTRAR'S SIGNATURE John C. Mingfley M.D.

(Licensed Embalmer's Statement on Reverse Side)

**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_____ Signed Edwin A McDermott

Signature of Student Embalmer

Licensed Embalmer No. 302K

P. O. Address_____

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.