

FILED MAR 24 1942 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County ST. LOUIS
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5624 HILLER PLACE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County 000
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 5624 HILLER PLACE
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINTED FULL NAME LENA JUNGLING

MEDICAL CERTIFICATION

3. (b) If veteran, name war..... 3. (c) Social Security No.....

20. DATE OF DEATH: Month FEB. day 28,
 year 1942 hour 8:15 minute A. M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOW
 6. (b) Name of husband or wife CHARLIE JUNGLING 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased JUNE 21 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-14-42 to 2-28-42
 that I last saw her alive on 2-27-42 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>8</u>	<u>7</u>	hr. min.

Immediate cause of death Chronic myocarditis
Hypertension
Ch. Refluxitis
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) 12/1

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation AT HOME

11. Industry or business.....

12. Name JOHN WEIGEL
 13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
 14. Maiden name ELIZABETH YOUNG
 15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HAZEL McBRIDE
 (b) Address 5929 MIMIKA AVE.

17. (a) BURIAL (b) Date thereof 3-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation ST. PETERS CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 LINDELL BLVD.
 19. (a) MAR 2 1942 (Date received local registrar) J. F. Prudek (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature L. A. Lousche (M. D. or other) MD.
 Address 4885 Natural Bridge Date signed 3-28-42

Dr Lonsdale
4885 Nell Bridge

2-1-14

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linsell

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 this body is not embalmed, fact should be so stated above.