

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10653**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether
In this community 60yrs!
years, months or days)

8. (a) PRINT FULL NAME Fred Funk
8. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Widower 6. (c) Age of husband or wife if alive Widower years

7. Birth date of deceased September 30, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name: John Funk

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital #1.

17. (a) _____ (b) Date thereof 12-27-40
(Date, cremation, or _____) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director J. H. White

(b) Address City Hospital #1

19. (a) DEC 28 1940 (b) J. H. Brederick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 154 Sidney
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15,
year 1940 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from December
4, 19 40, December 15, 19 40
that I last saw him alive on December 15, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute pneumonia

Due to _____
Due to _____

Other conditions arteriosclerotic heart disease
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(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 J. H. Brederick (M. D. or other) 12/16/40
Address 1515 Lafayette Ave. Date signed _____

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

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.