

FILED MAY 9 1944

Registration District No. 9

Primary Registration District No. 3068

Registrar's No. 1047

1. PLACE OF DEATH:

(a) County ST. LOUIS
 (b) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2144 A YALE AVE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 5.5 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
 (c) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL")
 (d) Street No. 2144 A YALE AVE.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME VALENTINE FUNK

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SOPHIA FUNK 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased OCTOBER-5-1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation ENGINEER

11. Industry or business U.S.G.

MOTHER FATHER { 12. Name MARTIN FUNK
 { 13. Birthplace LOUISVILLE KENTUCKY
(City, town, or county) (State or foreign country)
 { 14. Maiden name MARGARET WOLFF
 { 15. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Val Funk
 (b) Address 2144 A YALE AVE, Maplewood Mo

17. (a) CREMATION (b) Date thereof MAY-8-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Robert Lind
 (b) Address WEBSTER GROVES MO

19. (a) MAY 8 - 1944 (b) E. J. Mc Davern, M
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
 year 1944 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 6, 1943, to May 4, 1944
 that I last saw him alive on May 4, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism -
Cardio Vascula Disease Duration 2

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN ABD
 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 Wm. F. Linnard (M. D. or other) M.D.
 Address 1115 Victor Str. Date signed 5/6/44

WRITE PRINTING - USE UNFADING INK - MAKE A PERMANENT RECORD

2
4

JUN 12 1944

MAY 9 1944

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 *C. B. Aldrich*.....

Licensed Embalmer No. *1332*.....

P. O. Address *Webster Groves*.....

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.