

FILED JUN 11 1945

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1048

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural, Meramec Twpsh.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Melrose Rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community 4 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Rural, Meramec Twpsh.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Melrose Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Richard Funk,

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

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, widower  
6. (c) Age of husband or wife if 2  
7. Birth date of deceased: Oct. 25, 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: St. Louis County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer. (Retired)

11. Industry or business Own farm

12. Name Valentine Funk,

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

14. Maiden name Elizabeth Hatz,

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

16. (a) Informant Fred St Onge,

(b) Address Clencoe, Mo. R 1.

17. (a) Burial (b) Date thereof May 2, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery,

18. (c) Signature of funeral director Schrader Funeral Home,  
(b) Address Ballwin, Mo.

19. (a) MAY 2 1945 (b) E. P. Farrow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. 30,  
year 1945 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from July 1, 1944 to April 30, 1945  
that I last saw him alive on April 29, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis  
Due to: 93d

Other conditions: arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature B. R. Loving (M. D. or other) md  
Address Ballwin, Mo. Date signed 5-1-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Theo Schrader*

Licensed Embalmer No.....

*3066*

P. O. Address.....

*Bellwin, Mo.*

**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.**