

No. 2
-12-45
-17-39
I X47370

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10842

State File No.

FILED MAR 24 1947
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2427

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:
4314 College Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... None
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... John H. Funk

3. (b) If veteran, name war..... None

3. (c) Social Security No..... No

4. Sex..... Male

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Mary Funk nee Boehmer

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

7. Birth date of deceased..... January 4, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	2	2	hr. min.

9. Birthplace..... St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... Machinist

11. Industry or business..... Broderick Bascom Rope

12. Name..... John Funk

13. Birthplace..... St. Louis Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name..... Minnie Wessel

15. Birthplace..... St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Mary Funk
(b) Address..... 4314 College Ave

17. (a) Burial (b) Date of (c) RO 17
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Math Herman
(b) Address..... 2161 E. Fair

19. (a) MAR 9 1947 (b) J. S. Bredeek
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis 9 17
(If outside city or town limits, write "RURAL")

(d) Street No..... 4314 College Ave 9
(If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 6th
year..... 1947 hour..... 6:50 AM minute..... M.

21. I hereby certify that I attended the deceased from
June 17, 1946 to March 6, 1947
that I last saw him alive on March 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Myocarditis
Duration..... 5-17-46

Due to..... Atherosclerosis 5-17-46

Due to..... Chronic Nephritis 5-17-46

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 131

Of autopsy.....

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) Means of injury.....

23. Signature..... Kenneth Dymally M.D. or other
Address..... 5802 N. Grand Blvd signed 5-17-47

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.....

Welford G. Burnley

Licensed Embalmer No.....

4202

P. O. Address.....

St. Louis, 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.