S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6377

FILED FEB 20 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1188

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

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 1700a S 12th Street
(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 Missouri (b) County 0-0
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1700a S 12th Street 9
(If rural, give location)
23
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nicholas G. Funk
3. (b) If veteran, name war
3. (c) Social Security No. 486-12-4299
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anne
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased April (Month) 29 (Day) 1907 (Year)

8. AGE: Years 40 Months 9 Days 3 If less than one day hr. min.

9. Birthplace St Louis Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Nicholas Funk 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Anne Funk
(b) Address 1700a S 12th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
18. (a) Signature of funeral director Wm L Mozdell
(b) Address 1926 Allen Av
19. (a) FEB 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1948 hour 10.45 minute P M.
21. I hereby certify that I attended the deceased from 11/22 1944, to 2/2 1948
that I last saw him alive on 2/1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis @ c̄ marked edema & ascites. Hypertension. Duration several years
Due to post. coronary infarct 9/22/44.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Wm J Watson MD (M. D. or other)
Address 3809 Wilmington Av Date signed 2/3/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Benj. J. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.