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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 7 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28542

Primary Registration District No. 6076

Registrar's No. 1646

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Maryland Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lansing & Carlson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Louis
(c) City or town: Maryland Heights
(If outside city or town limits, write "RURAL")
(d) Street No.: Lansing & Carlson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: JULIA NEUERBURG
3. (b) If veteran, name war: no
3. (c) Social Security No.: 7
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Joseph A
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: FEB (Month) 16 (Day) 1877 (Year)
8. AGE: Years 71 Months 5 Days 21 If less than one day ..... hr. ..... min.
9. Birthplace: St Louis (City, town, or county) Missouri U (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: at Home
MOTHER FATHER
12. Name: John Jacobs
13. Birthplace: Wurtenburg (City, town, or country) Germany 4 (State or foreign country)
14. Maiden name: Anna Knotter
15. Birthplace: Wurtenburg (City, town, or country) Germany 4 (State or foreign country)
16. (a) Informant: Emma Freise
(b) Address: 909 Noah Drive Ferguson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 13 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Fee Fee Cem
18. (a) Signature of funeral director: Baumann Brother Inc
(b) Address: 2504 Woodson Overland Mo.
19. (a) 8-13-48 (Date received local registrar) (b) Carl A Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10 year 1948 hour 5 minute 10 P.M.
21. I hereby certify that I attended the deceased from Aug 10, 1948, to Aug 10, 1948 that I last saw her alive on Aug 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to: Arteriosclerosis -	years
Due to: 940	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	PHYSICIAN
Of autopsy: —	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): 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: —
23. Signature: Roy A Haeffner (M. D. ~~or other~~)
Address: 2438 Hoeckner Rd Date signed: 8-12-48

(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.....

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

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland (MK) 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.