S. No. 300
V. 10.48

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

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4871

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2405 Hadley

2261

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Funke

4. DATE OF DEATH (Month) (Day) (Year): 4-13-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-19-73
9. AGE (In years last birthday): 78 — If under 1 year: Months: Days: If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNK
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry
13b. MOTHER'S MAIDEN NAME: ?
14. NAME OF HUSBAND OR WIFE: Giemie Funke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): U.K. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 497-01-8354
17. INFORMANT'S SIGNATURE OR NAME: Hospital Record — ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypoproteinemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 151X

22. *I hereby certify that I attended the deceased from* 2-18, 19 52, *to* 4-13, 19 52, *that I last saw the deceased alive on* 4-13, 19 52, *and that death occurred at* 7:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George M. Workman M.D.
23b. ADDRESS: 1515 Lafayette Ave
23c. DATE SIGNED: 4-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY-27-52
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): ST LOUIS MO

DATE REC'D BY LOCAL REGISTRAR: MAY 27 1952
REGISTRAR'S SIGNATURE: Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Mullen-Kelly
ADDRESS: 4386 Lindell

(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 Not Embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.