

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29975
State File No.
Registrar's No. 7820

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri	b. COUNTY 2069
c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1479 Belt Ave		d. STREET ADDRESS (If rural, give location) 6 1479 Belt Ave	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle)	c. (Last) Funke	4. DATE OF DEATH (Month) (Day) (Year) August 8 1953
-------------------------------------	--------------------------	-------------	------------------------	------------------------------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 1 1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
--------------------	-------------------------------	-----------------------------------------------------------------------	----------------------------------------	-------------------------------------------	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Hand	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Bank Equip	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------	------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME William Funke	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Julia Funke
-----------------------------------------	------------------------------------------	------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. 494-05-7484	17. INFORMANT'S SIGNATURE OR NAME Mrs George Funke	ADDRESS 1479 Belt Ave
---------------------------------------------------------------------------------------------------------------------	--------------------------------------------	-----------------------------------------------------------	------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH Immediate
	ANTECEDENT CAUSES DUE TO (a) Coronary arteriosclerotic		years.
	DUE TO (c) W.D. disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arterianous subarachnoid		9 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Hemorrhage - Dec. 23, 52	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) 420.0
------------------------------------------	------------------------------------------------------------------------------------------	--------------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
-------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from **Dec 23, 1952** to **July 25, 1953**, that I last saw the deceased alive on **July 25, 1953** and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. B. ...	23b. ADDRESS 508 N. Grand	23c. DATE SIGNED Aug 10, 53
---------------------------------	----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE August 12 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co Mo
----------------------------------------------------------	---------------------------------	------------------------------------------------------------------	----------------------------------------------------------------------

DATE REC'D BY LOCAL AUG 10 1953	REGISTRAR'S SIGNATURE Calvin F. Eutz	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Eutz	ADDRESS 4828 Nat Bridge Blvd
----------------------------------------	---------------------------------------------	-------------------------------------------------------	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

9 to 11 A.M. Monday

No 9501

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John A. Mlinar
Licensed Embalmer No. 4186

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.