Health, Welfare Public Service

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FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-026962
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7355

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 09 DePaul Hospital — Length of stay in 1b 2079

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 5018 Robin Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First BERNARD Middle Last FUNKE

4. DATE OF DEATH Month July Day 26, Year 1958

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 27, 1878
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 2 Days 29 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pressman (retired)
10b. KIND OF BUSINESS OR INDUSTRY Catholic Herald
11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Funke
13b. MOTHER'S MAIDEN NAME Anna May
14. NAME OF HUSBAND OR WIFE Caroline Wuelling Funke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-05-7281A
17. INFORMANT Address Mrs. Caroline Funke 5018 Robin

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ATYPICAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH 3 days
492X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROSIS
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1956 to July 26, 1958 and last saw ~~her~~ him alive on July 26, 1958
Death occurred at 10:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C Wormser MD 0
22b. ADDRESS 3720 WASHINGTON
22c. DATE SIGNED 7-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 7/30/1958
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Bromschwig and Son/4746 W Florissant
25. DATE RECD. BY LOCAL REG. JUL 28 58
26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed Jwm Dunbley

Licensed Embalmer No. 3653

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.