WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD 3 - 5.30 p.m.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22837

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6501

City St. Louis, Mo. (No. 3515a Wyoming St. ..... Ward)

2. FULL NAME Wm. Frank Kunz

(a) Residence. No. 3515a Wyoming St., 16 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Kunz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28 - 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	9	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chester, Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Kunz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Justine Heim

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Rose Kunz
(Address) 3515a Wyoming St.

15. FILED JUL 17 1927 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 2-20, 1922, to July 15, 1927, that I last saw him alive on July 13, 1927, and that death occurred, on the date stated above, at 2.35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

89

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? all normal

(Signed) C. S. Wynnyk, M. D.

7-16, 1927 (Address) 2278 S. Jeff.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cem.	7 - 18 1927

20. UNDERTAKER	ADDRESS
Peetz Bros. 3029	Lafayette

3 - 5.30 pm