

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

Do not use this space.

35003

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... (No. 1022 Hornsby Ave)..... St. Ward.....

File No.
 Registered No. 10151
 St. Ward.....

2. FULL NAME

August Philip Kunz
 (a) Residence, No. 1022 Hornsby Ave St. 8 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Theresa Koenig
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 1 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Florist
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Phil. Goebel Sup. City Water Works

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tushkeem Germany
10. NAME OF FATHER August Kunz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tushkeem Germany
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Theresa Kunz
 (Address) 1022 Hornsby Ave

15. FILED Nov 13, 1927 Max B. Stark Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11, 1927

I HEREBY CERTIFY, That I attended deceased from Nov 20, 1927 to Nov 11, 1927
 that I last saw him alive on Nov 10, 1927, and that death occurred, on the date stated above, at 12 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis
92 A
27 (duration) yrs. mos. 9 da.
 CONTRIBUTORY Arteriosclerosis
 (SECONDARY) (duration) 4 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH DATE OF.....
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) W. F. Chodun M. D.
11/17, 1927 (Address) 8321 Crosby

*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 Friedens Cemetery **DATE OF BURIAL** Nov. 14, 1927
20. UNDERTAKER Goodhart & Goodhart **ADDRESS** 2228 St. Louis Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

