Dr. W. Winter
3325 S. Grand 3807 Lacled

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

Do not use this space.

25306

1. PLACE OF DEATH

County ..... Registration District No. 91 ..... File No. L 7109

Township ..... Primary Registration District No. 1008 ..... Registered No. .....

City St Louis (No. 3801 Marine St. ..... Ward)

2. FULL NAME Edward C. Kunst

(a) Residence. No. 3801 Marine Av. St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Kunst

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 17 1862

7. AGE: Years 66 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Grocery
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: Charles Kunst
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT: Mrs. Geo Walker
(Address) 7200 Colgate St. City

15. FILED: 11 11 - 8 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 6 1928

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1928, to July 6, 1928, that I last saw him alive on July 5, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of the Liver
Alcoholic
124A (duration) yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY): chronic interstitial nephritis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 122 A

DID AN OPERATION PRECEDE DEATH? 0 DATE OF 0

WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS? 0

(Signed) William Winter M. D.

July 6, 1928 (Address) 3325 S. Grand Ave

*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: St. Paul Church Yard. DATE OF BURIAL: July 9 1928

20. UNDERTAKER: Wm. F. Paschedag ADDRESS: 2825 No Grand Bla

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD