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

Do not use this space.

35190

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9925

Township ..... Primary Registration District No. ..... Registered No. 9925

City St. Louis (No. 1103 Sidney St. ..... Ward)

2. FULL NAME Frances Kunz

(a) Residence. No. 1103 Sidney St. 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13-1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	9	24	

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

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

2

PARENTS

10. NAME OF FATHER Wenzel Schotawa

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

10

12. MAIDEN NAME OF MOTHER Anna Unknown

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

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14. INFORMANT Engelbert Kunz
(Address) 1103 Sidney St.

15. FILED OCT 9 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-7 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1929, to Oct 7, 1929 that I last saw her alive on Oct 7, 1929, and that death occurred, on the date stated above, at 7:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy Cerebral
82A Hemorrhage
104A
130 (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Nephritis acute from a severe cold (duration) ..... yrs. ..... mos. 7 ds. 2/7

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF ~~Oct~~
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Clinical
(Signed) John C. Correll, M. D.
Oct 7 1929 (Address) 5005 a Goodwin

*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
S. S. Peter & Paul	10-9 1929
20. UNDERTAKER	**ADDRESS**
W. C. Moydell	1926 Allen

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.

Dr Connell (5005 9 Grant