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

Do not use this space.

35292

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. St. Anthony Hospital St. ..... Ward)

File No. .....

Registered No. 10032

2. FULL NAME Eleonora C. Kunz

(a) Residence. No. 3809a Dunnica St., 17 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	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 Charles A. Kunz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	8	29	

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

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

PARENTS

10. NAME OF FATHER Fred. Grannemann

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

12. MAIDEN NAME OF MOTHER Unknown Groppe

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

14. INFORMANT Charles A. Kunz
(Address) 3809a Dunnica av.

15. FILED OCT 12 1929 19 Max C. Tarlow REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 11 1929

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to Oct 11, 1929, that I last saw her alive on Oct 10, 1929, and that death occurred, on the date stated above, at 2:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post-operative labor pneumonia

120B

148 (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Ulcerative Colitis

(duration) 1 yrs. 5 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH In St. Louis

DID AN OPERATION PRECEDE DEATH? yes. DATE OF 10-5-29

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) P. D. Cassidy, M. D.

10-12, 1929. (Address) 3701 Westminster

*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
Bellafontaine Cemetery	Oct. 14 1929
20. UNDERTAKER Hauck & Schmitt	ADDRESS 3712 S. Grand Blv.

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.