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

Do not use this space.

~~20008~~ 20810

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 ..... Registered No. 5607.

City St Louis Mo (No. 4546 St Ferdinand Ave St. ..... Ward)

2. FULL NAME August Kuntz

(a) Residence. No. 4546 St Ferdinand Ave St. 11 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 Helen Kuntz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8th 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	10	—	

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

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

PARENTS

10. NAME OF FATHER Jacob Kuntz

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

12. MAIDEN NAME OF MOTHER Carrie Greb

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

14. INFORMANT Helen Kuntz
(Address) 4546 St Ferdinand ave

15. FILED ..... 19 ..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1930, to June 8, 1930 that I last saw him alive on June 8, 1930 and that death occurred, on the date stated above, at 4 - AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis

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

CONTRIBUTORY (SECONDARY) Acute Alcoholism

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm A. Knight, M. D.
, 19 (Address) 8613 Halls Ferry Rd

*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
Mount Hope East St Louis Alls.	June 10 19
20. UNDERTAKER	ADDRESS
Hy Leidner Und Co.	N Market

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.

AFFIDAVIT

IN RE: AUGUST KUNTZ

I, Dr. William A Knight, a duly licensed physician and surgeion of the State of Missouri, first duly sworn, do hereby make the following affidavit:

That I treated August Kuntz for an accidental injury that he sustained while working for the Miccotti Construction Co. April 16, 1930, at which time he received severe burns from steam and water while attempting to put water in an engine, covered at least one-sixth of the body surface which included the left thigh and leg, right thigh, left arm, some of the right arm, and part of the right side of the neck.

The patient returned to work while still bandaged from the burns and on June 5, 1930, lobar pneumonia was diagnosed and the patient died June 8, 1930.

It is now my opinion and has been my opinion for some time that the cuse of death of August Kuntz was lobar pneumonia. The burns were of such nature that they left the patient in a weakened condition and pneumonia was the natural result and was caused by the burns.

It is my desire to have the death certificate of August Kuntz corrected to show that the cause of death was lobar pneumonia, the same being the actual cause of death.

Wm A. Knight.

Subscribed and sworn to before me
this 5th day of July A. D. 1934.
My commission expires Apr. 13, 1938

Arthur C Oberjuerge
Notary Public.

SUPPLEMENTARY

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

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1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 5607

Township ..... Primary Registration District No. 1003 Registered No. ~~6698~~

City ..... (No. 4546 St Ferdinand St. ..... Ward)

2. FULL NAME August Kuntz

(a) Residence, No. ..... St., 11 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

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	M

IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

DATE OF BIRTH (MONTH, DAY, AND YEAR)

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

13. NAME

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

15. MAIDEN NAME

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

INFORMANT .....
(ADDRESS)

BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE 19

UNDERTAKER .....
(ADDRESS)

FILED 7-17- 1934 J Bredeak

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1930

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 6-5-1930

Severe burns from steam and water on thighs arms and neck April 16, 1930

Other contributory causes of importance:

108

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury April 16 1930

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Industry

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify .....

(Signed) Wm A. Knight, M.D.

(Address) 8613 Halls Ferry Road

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

Do not use this space.

File No. 6597

Registered No.

1. PLACE OF DEATH S-(2) 20810

County ..... Registration District No. .....

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

City ..... (No. ....., ... St. .....

2. FULL NAME .....

(a) Residence, No. ..... St., ... 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT .....
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19....

19. UNDERTAKER .....
(ADDRESS)

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

22. I HEREBY CERTIFY, That I attended deceased

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I last saw h..... alive on ....., 19..... Death i

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as f

Date

.....

.....

.....

.....

.....

Other contributory causes of importance:

.....

.....

.....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autop

23. If death was due to external causes (violence), fill in also the follo

Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? .....
(Specify city or town, county, and Stat

Specify whether injury occurred in industry, in home, or in public place.

.....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... , M

(Address) .....