CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

✓18260

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 6723, Marmaduke ave St. ..... Ward)

File No. .....

Registered No. 5240

2. FULL NAME Lena Kunkel

(a) Residence, No. 6723 Marmaduke St., 3 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: Female

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: Late Wm. Kunkel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 4, 1853

7. AGE: YEARS 78 | MONTHS 8 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baltimore Md. 1/2

FATHER

13. NAME: Unknown Frederick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: unknown

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

17. INFORMANT (ADDRESS): Mrs Emma Kunkel 6723 Marmaduke

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem DATE 6-1 1932

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED MAY 31 1932 Max C Starkloff Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 11th, 1931, to May 29th, 1932

I last saw her alive on May 29th, 1932. Death is said to have occurred on the date stated above, at 5:10 A m.

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

	Date of onset
Chronic Myocarditis	1930
131	
0	
0	
Other contributory causes of importance:	
Chronic Interstitial Nephritis	1930
131	

Name of operation — Date of —

What test confirmed diagnosis? usual Was there an autopsy? no

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

Accident, suicide, or homicide? — Date of injury —, 19—

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

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? no

If so, specify —

(Signed) C. V. Wilcox M.D., M. D.

(Address) 3201 Ivanhoe av. St Louis Mo