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.

NOV 10 1933

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

Do not use this space.

34873

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. 1503 Warren St St. ..... Ward)

File No. ..... Registered No. 9050

2. FULL NAME Peter Kuntz

(a) Residence, No. 1503 Warren St St., 26 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 5 - 1857

7. AGE: YEARS 75 | MONTHS 10 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 .....

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

FATHER

13. NAME: Peter Kuntz

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

MOTHER

15. MAIDEN NAME: Not Known

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

17. INFORMANT (ADDRESS): Sophia Kuntz 1503 Warren St

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peter & Paul DATE Oct 21 1933

19. UNDERTAKER (ADDRESS): Hy Leidner Und Co 1417 N. Market St

20. FILED OCT 20 1933 J. F. Biedeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933, to Oct 18, 1933.

I last saw him alive on Oct 17, 1933. Death is said to have occurred on the date stated above, at 11-A m.

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

	Date of onset
92A Cerebral Haemorrhage	1 da.
86A (Apoplexy)	
97	
Other contributory causes of importance: Arterial Sclerosis	
Endocarditis	2 yr.

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? No 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? .....

If so, specify .....

(Signed) T. O. Peelen, M. D.

(Address) 2503 No 15th