

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

Do not use this space.

21777

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township _____ Primary Registration District No. 6033
 City Clayton (No. St. Louis @ Koop) St. _____ Ward _____

2. FULL NAME Theo Huntz
 (a) Residence, No. 1560 Wellington Pl. 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. 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5-2 2 11

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

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) St. Louis Mo

MOTHER FATHER

13. NAME Martha Huntz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Christina Werner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Louis C. Huntz
1560 Wellington Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion's Cemetery DATE June 13, 1934

19. UNDERTAKER (ADDRESS) Geo. S. Plutsky Inc.
5766 Park Ave.

20. FILED 6/12 1934 W. J. Lambrecht
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11 1934

22. I HEREBY CERTIFY That I attended deceased from 6-9 1934, to 6-11 1934

I last saw him alive on 6-11 1934 Death is said to have occurred on the date stated above, at 4:40 P.M.

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

Sepsis - meningitis
Bedema Congestive Heart Failure
124 B
930
124 B 2
 Date of onset 6-9-34

Other contributory causes of importance:
Chronic myocarditis
Fatty degeneration of liver

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? yes

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. _____

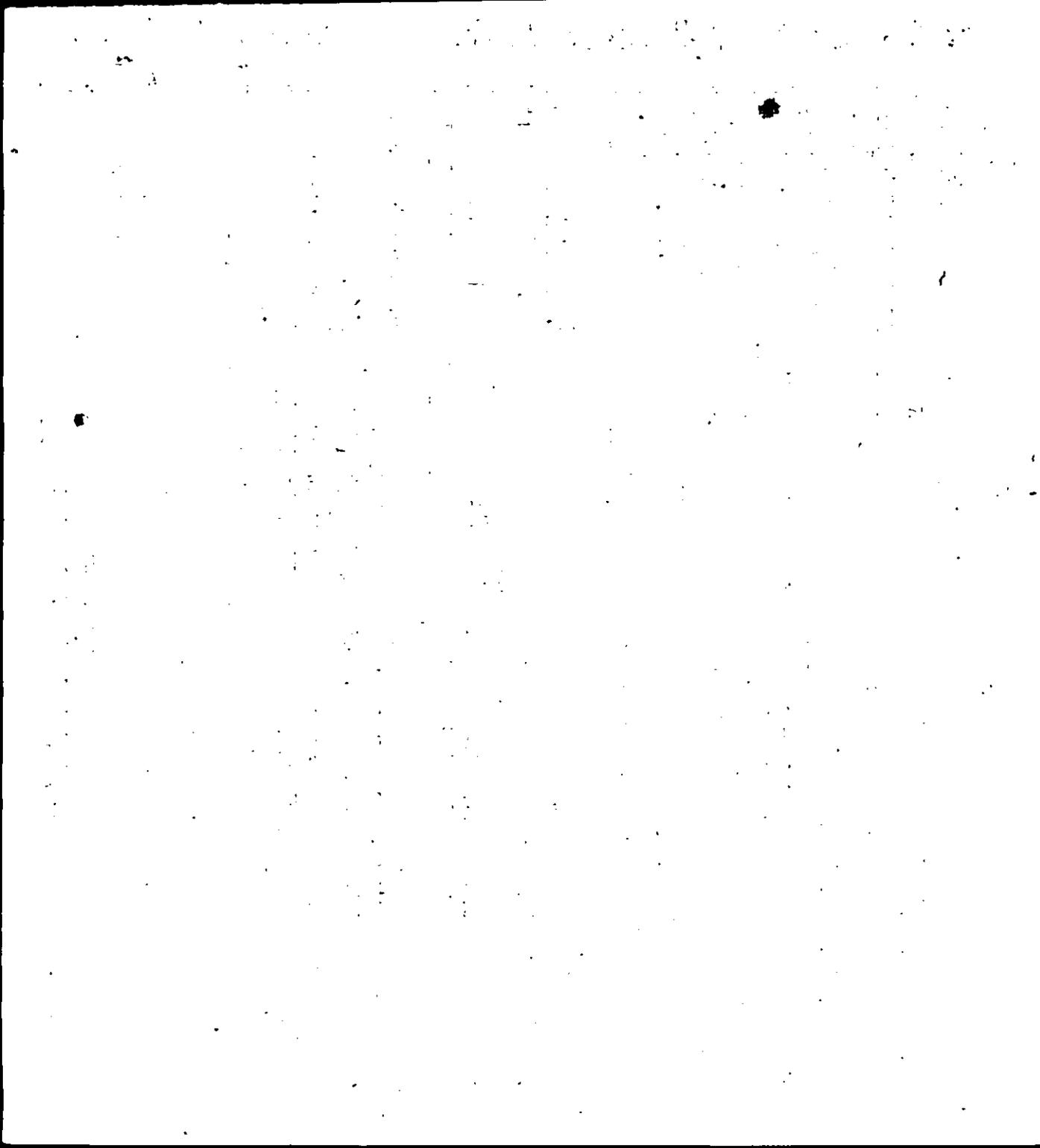
Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) B. C. Koroski, M. D.
 (Address) St. L. Co. Koop 30
Clayton, Mo.

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.

AUG 21 1934

60



St Louis Co

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Idea Kuntz
Who died at St Louis Co Hosp on June 11 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 52 Months 2 Days 11

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Oedema & congestion of lungs
Birthplace of father (State or country) _____
Birthplace of mother (State or country) Chr myocarditis - Fall
Principal cause of death: degeneration of liver
Serofibrinous pachymeningitis, alcoholic

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 1946
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar: Robert J. Ambrose Date filed _____
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 790

Primary Reg. Dist. No. 6033 A

Very truly yours,
E. T. McLaugh
State Registrar
Special Agent.

S-21777