

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 13 1934

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

Do not use this space.

37449

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 003
City St. Louis, Mo. (No. Bethesda Hospital) St. Ward)

File No. 9866
Registered No.

2. FULL NAME Richard Alan Kunz

(a) Residence, No. 3445 Iowa St. 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 7 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1931
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
3 7 ---

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) St. Louis, (STATE OR COUNTRY) Missouri

MOTHER FATHER
13. NAME Mr. Theodore Kunz

14. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elsa Faerber

16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

17. INFORMANT Theo. Kunz (ADDRESS) 3445 Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer DATE October 9, 1934

19. UNDERTAKER Richard W. Gindler (ADDRESS) 936 St. Louis Ave

20. FILED 11-13-34 19 J. F. Brudick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30 1934 to Oct. 7 1934
I last saw him alive on Oct. 6 1934 Death is said to have occurred on the date stated above, at 1:25 A.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia, right lobar Date of onset Sept. 3 1934
108

Other contributory causes of importance None

Name of operation None Date of None
What test confirmed diagnosis? None 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify None

(Signed) A. H. Cleveland M. D.
(Address) 3326 Monroe St.

W. C. H. Co. C. A.

3326 Murray

7-8 P.M.