

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

Do not use this space.

7650  
54

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1123  
 Township Central Primary Registration District No. 6248 E File No. 54  
 City St. Louis (No. West Kane Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Charles Kunkel  
 (a) Residence No. 230 Pamiea 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 married  
 5A. IN MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Kunkel  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 - 1866  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68 11 29

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 10. NAME OF FATHER Frank Kunkel  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Hermann  
 12. MAIDEN NAME OF MOTHER Kunkel  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Amelia Kunkel  
 (Address) 230 Pamiea

15. FILED Feb 10, 1935 L. Mowrey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/8 1935  
 17. I HEREBY CERTIFY, That I attended deceased from 8-21, 1934 to 2/8, 1935  
 that I last saw h. alive on 2/8 11:20, 1935 and that death occurred, on the date stated above, at 4 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary tuberculosis  
 (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Chronic myocarditis  
 (SECONDARY) (duration) 6 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH Kuborn  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Dr. J. Spitzer  
 (Signed) John Spitzer, M. D.  
2/8, 1935 Address 9101 So Bdry.

\*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  
St. Hope Cemets Feb 11 1935

20. UNDERTAKER  
Bencher Kid  
 ADDRESS 7819  
Mechan

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.

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