APR 9 1935

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

Do not use this space.

10593

File No.

Registered No. ~~2103~~ 2103

1. PLACE OF DEATH

County

Registration District No. 1 791 1003

Township

Primary Registration District No.

City St. Louis, Mo. (No. 2107 S. 4th Street St. 2103 Ward)

2. FULL NAME Francis M. Kunz

(a) Residence, No. 2107 S. 4th Street St., 23 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 Annie M. Kunz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14th, 1858

7. AGE

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 77 | 0 | 14 | |

OCCUPATION

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

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) Cincinnati, Ohio

FATHER

13. NAME Matthew Kunz

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Annie Kunz (ADDRESS) 2107 S. 4th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul March 5 1935

19. UNDERTAKER Wick Bros (ADDRESS) 2201 S. Grand Blvd.

20. FILED MAR - 5 1935 J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934, to March 2, 1935

I last saw him alive on March 1, 1935. Death is said to have occurred on the date stated above, at 3:45 P.M.

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

| | Date of onset |
|---|---|
| Chronic Myocarditis | ??? |

930

Other contributory causes of importance: None

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? — 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) William Shmko, M. D.

(Address) 13 Go Bonney

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.

100M-11-24-33

Dr. Wm Dimko.
10-11 AM
1319 S Bedway