

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

Do not use this space.

APR 25 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 E
City St. Louis (No. McGee Kane Hospital) St. _____ Ward _____

File No. 11466
Registered No. 102

2. FULL NAME Edward Kunkel

(a) Residence, No. 230 Fannie St. _____ Ward _____
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 1 1891</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>3</u>
	DAYS <u>15</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>not working</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>
	13. NAME <u>Chas Kunkel</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Amelia Holtzhaus</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT <u>Amelia Kunkel</u> (ADDRESS) <u>230 Fannie</u>	
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>St. Hope</u>	DATE <u>Mar 20 1935</u>
19. UNDERTAKER <u>Dehelle and Co</u> (ADDRESS) <u>4819 Michigan</u>	
20. FILED <u>Mar 19 1935</u>	<u>G. Blawie</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11 1935
22. I HEREBY CERTIFY, That I attended deceased from 9/1 1934, to 3/17 1935
I last saw him alive on 3/10 1935 Death is said to have occurred on the date stated above, at 8:20 AM
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1930
Terminal lobular pneumonia Mar 1 1935
Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis Try 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) Chas. Kunkel, M. D.
(Address) 910 150 Broadway

St. Gabriel's