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.

JUN 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18258

Township ..... Primary Registration District No. 1003 Registered No. 4605

City St. Louis, Mo. (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Mrs. Marie Kuntz

(a) Residence, No. 3824 Wisconsin St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Friederick Kuntz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 27, 1871

7. AGE: 63 YEARS, 6 MONTHS, 24 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Germany

FATHER

13. NAME: Fred Mehl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Wm Kuntz 3824 Wisconsin Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE May 24, 1935

19. UNDERTAKER (ADDRESS): Berdermeden Funeral Home 1936 St Louis Av.

20. FILED MAY 23 1935 J. F. Bredeck Registrar 5/22/35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1935, to May 21st, 19..
I last saw her alive on May 21, 1935. Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset: 9.

Operation performed for prolapse of uterus 139 C

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation Prolapse Uterus 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) [signature], M. D.
(Address) 360 2408 Ave

Dr Smith
3624 S Broadway
6-8

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