

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

Do not use this space.

34807

NOV 27 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 6248H
City Richmond St. West Marys Hosp. (If nonresident, give city or town and State)
St. _____ Ward _____

2. FULL NAME

Katherine Kuntzeier
(a) Residence, No. 4959 Harney 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frederick Kuntzeier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-6-1872</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>7</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME John Grellner

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Arthur Kuntzeier
(ADDRESS) 4959 Harney

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 10-21-1935

19. UNDERTAKER W. A. Block and Co
(ADDRESS) 211 E. Grand Ave

20. FILED 10/18, 1935 Tertrude Voite
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1935, to Oct 17, 1935
I last saw h. or alive on Oct 17, 1935. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis 9+ yrs
Date of onset _____
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?
If so, specify Arteriosclerosis
(Signed) Arthur Kuntzeier M. D.
(Address) 2743 No Grand Blvd

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.

WRITE PEANUT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

