

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

Do not use this space.

32241

**OCT 1 1936**

**1. PLACE OF DEATH**

County St. Louis  
 Township Chapin  
 City Webster Groves, Mo.

Registration District No. 788  
 Primary Registration District No. 4471  
330 Chestnut St.

File No. \_\_\_\_\_  
 Registered No. 98  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME** Stella A. Kunz,

(a) Residence, No. 330 Chestnut St. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) Webster Groves, No. (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 OR (OR) WIFE OF <u>Valentine Kunz,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 15, 1883</u>		
7. AGE	YEARS	MONTHS
	<u>53</u>	<u>5</u>
		DAYS
		<u>12</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. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

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

13. NAME Louis Kohlbray,

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Dr. Val Kunz,  
 (ADDRESS) 330 Chestnut St. Webster Groves

18. ~~DATE~~ CREMATION, MISSOURI  
 PLACE Missouri Crematory Aug. 29, 1936

19. UNDERTAKER Wacker - Halderle  
 (ADDRESS) 2331 S. Broadway

20. FILED 8-28-36 Jules R. York  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1936 to Aug. 27, 1936  
 I last saw her alive on Aug. 27, 1936. Death is said to have occurred on the date stated above, at 10.15 A.M.  
 The principal cause of death and related causes of importance were as follows:

auricular fibrillation Date of onset Aug. 1935  
95 ad  
 Other contributory causes of importance: Heat exhaustion Aug. 25, 1936

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

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) Paul V. Hoffmeister, M. D.  
 (Address) 204 East Big Bend Webster Groves, Mo.

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.

The following table shows the results of the survey conducted in the year 1940-1941. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey.

Category	Sub-category	Value
Section 1	Item 1	12.5
	Item 2	15.2
	Item 3	18.7
	Item 4	21.3
	Item 5	24.8
	Item 6	27.4
	Item 7	30.9
	Item 8	33.5
	Item 9	36.1
	Item 10	38.7
Section 2	Item 1	41.2
	Item 2	43.8
	Item 3	46.4
	Item 4	49.0
	Item 5	51.6
	Item 6	54.2
	Item 7	56.8
	Item 8	59.4
	Item 9	62.0
	Item 10	64.6
Section 3	Item 1	67.2
	Item 2	69.8
	Item 3	72.4
	Item 4	75.0
	Item 5	77.6
	Item 6	80.2
	Item 7	82.8
	Item 8	85.4
	Item 9	88.0
	Item 10	90.6
Section 4	Item 1	93.2
	Item 2	95.8
	Item 3	98.4
	Item 4	101.0
	Item 5	103.6
	Item 6	106.2
	Item 7	108.8
	Item 8	111.4
	Item 9	114.0
	Item 10	116.6

The data indicates a steady increase in values across all sections, with the highest values recorded in the final section of the survey. The overall trend suggests a positive correlation between the categories and the measured values.