

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

St. Louis

Registration District No.....

791

Primary Registration District No.....

City Hospital No. 1

File No.....

26035

Registered No.....

7209

St.....

Ward.....

C. 5781

2. FULL NAME

Henry Kunzmann

(a) Residence, No.....

(Usual place of abode)

1817 South 10th 23 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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 11, 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

60

7

17

OCCUPATION

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

Tobacco Worker

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)

St. Louis, Missouri

FATHER

13. NAME Charles Kunzmann

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

Germany

MOTHER

15. MAIDEN NAME Kate Bader

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

Germany

17. INFORMANT
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Marcus DATE July, 31 - 1937

19. UNDERTAKER
(ADDRESS)Wacker-Helderle
2551 S. Broadway

20. FILED

JUL 29 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

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

7/28/37

19

22. I HEREBY CERTIFY, That I attended deceased from

7/27/37

19

to 8/27/37

19

I last saw him alive on 7/28/37

19

Death is said

to have occurred on the date stated above, at 1015 a

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

Date of onset

Arteriosclerosis
Heart Disease

Other contributory causes of importance:

95

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify

(Signed) Charles J. Farrington, M. D.

(Address) City Hospital No. 1

