

Registration District No. 701 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 3  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. ANTHONY HOSP.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME FRANK J. HUNLETH 543

3. (b) If veteran, name war NO 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife SOPHIA 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased NOV. 1 1857  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT, RETIRED

11. Industry or business MUSIC 0

12. Name FRANZ HUNLETH

13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH VIORNS

15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Hunleth

(b) Address 7303 Michigan

17. (a) BURIAL (b) Date thereof 12/12/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETER & PAUL CEM.

18. (a) Signature of funeral director Jos. P. Fendley Jr.

(b) Address 7128 Michigan Ave.

19. (a) DEC 8 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7303 MICHIGAN AV.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8  
year 1939 hour \_\_\_\_\_ minute 10 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Occlusion Duration \_\_\_\_\_  
Due to \_\_\_\_\_

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 946 Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 74

23. Signature Joseph M. Luman (M. D. or Chm.)  
Address Deputy Coroner Date dictated \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Geo. P. Fendler, Jr.*  
Licensed Embalmer No. *925*  
P. O. Address *St. Louis.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**