

5. No. 2  
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5-17-39  
-1 X21492

LED APR 15 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **9151**  
**2634**  
Registrar's No.

Registration District No. **791**

Primary Registration District No.

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2504 S. 12<sup>th</sup> St.  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis **23**  
(If outside city or town limit, write "RURAL")  
(d) Street No. 2504 S. 12<sup>th</sup> St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME Theodore Hunziker

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. 498-09-3306

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Hunziker 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Buffer

11. Industry or business Quick Meal Store Co.

12. Name Jacob Hunziker **7**

18. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hirt

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

16. (a) Informant Mrs. Minnie Hunziker  
(b) Address 2504 S. 12<sup>th</sup> St.

17. (a) Burial (b) Date thereof 3-21-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Paul Church with Bros. & A. Co.

18. (a) Signature of funeral director Wm. F. Simon, M.D.  
(b) Address 2924 S. Jefferson Av.

19. (a) **MAR 20 1940** (b) J. J. ...  
(Date received local registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18  
year 1940 hour 8<sup>43</sup> minute 15 M.

21. I hereby certify that I attended the deceased from March 15  
1940, to March 18, 1940,  
that I last saw him alive on March 18, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia **2 days**  
bronchial

Due to cerebral hemorrhage, March 15

Due to Cardio-Vascular Renal **2**

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
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 !

23. Signature Wm. F. Simon, M.D. (M. D. or other)  
Address 1115 Vista St. Date signed 3-19-40

**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 Paul A. Shanklin Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3477

P. O. Address 297 S. Jefferson Ave

**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.