

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

MAY 15 1940

Registration District No. **791** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(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 35 days  
(Specify whether years, months or days)

In this community 60 years

**3. (a) PRINT FULL NAME** Carl Kunderer **526**

**3. (b) If veteran,** name war ---

**3. (c) Social Security** No. ---

**4. Sex** Male **5. Color or race** White

**6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Margaretta

**6. (c) Age of husband or wife if alive** 77 years

**7. Birth date of deceased** January 28, 1860  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
80	2	7	hr. _____ min. _____

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

**10. Usual occupation** Home **6**

**11. Industry or business** 137

**12. Name** Unknown

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

**14. Maiden name** Unknown

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

**16. (a) Informant's own signature** X Margaretta Kunderer

**(b) Address** 3534 McKean

**17. (a) Burial** **(b) Date thereof** 4/9/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** N.S.S. Peter & Paul

**18. (a) Signature of funeral director** Wacker-Welders

**(b) Address** 2331 S. Broadway

**19. (a) APR 8 1940** **(b)** J.F. Budick  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis **164**  
(If outside city or town limits, write "RURAL")

(d) Street No. 3534 McKean  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Apr. day 5 year 1940 hour 9 PM

**21. I hereby certify that I attended the deceased from** Feb 26 1940 **and that death occurred on the date and hour stated above.** Apr 5 1940

that I last saw him alive on Apr 5 1940

**Immediate cause of death** Myocardial infarction

**Due to** that known

**Due to** \_\_\_\_\_

**Other conditions** Prostate operation Mar 1940  
(Include pregnancy within 3 months of death)

**Major findings:** Healed

**Of operations** subtotal prostate

**Physician** \_\_\_\_\_

**Underline the cause to which death should be charged statistically.**

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

**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? \_\_\_\_\_

**23. Signature** Wacker-Welders **(M. D. or other)** MD

**Address** 2331 S. Broadway **Date signed** 4/6/40

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

Rev. 6-17-39 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.

MOTHER FATHER

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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.....

*Frank J. Paulino*

Licensed Embalmer No.....

*2675*

P. O. Address.....

*St. Louis Mo*

**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.**