

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

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: **Missouri Pacific Hospital**
(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 **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6308 Juanita**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **CHAS B. Kountz 32**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **702-16-6409**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Carrie Kountz** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **July 17, 1883**
(Month) (Day) (Year)

20. DATE OF DEATH: Month **May** day **7**
year **1940** hour **7:54** minute **6** A.M.
21. I hereby certify that I attended the deceased from **May 5**
1940 to **May 7** **1940**
that I last saw him alive on **May 7** **1940**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
56 **9** **20** hr. _____ min.

Immediate cause of death: **Septicemia pneumonia** **2 days**
Due to **Carcinoma of esophagus** **2 yrs.**
with general metastasis
Due to **metastasis**

9. Birthplace: **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Clerk**

11. Industry or business **Railroad**

PHYSICIAN _____
Major findings: _____
Of operations _____

12. Name **Edw. Kountz**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

Of autopsy: **Carcinoma of esophagus**
with metastasis

14. Maiden name **Theresa Hempelwolt**

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

16. (a) Informant **Mrs. Carrie Kountz**

(b) Address **6308 Juanita**

17. (a) **Burial** (b) Date thereof **5-9-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hiram Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 So. Grand Blvd**

19. (a) **MAY 8 1940** (b) **J. F. Blodack**
(Date received local health officer's certificate) (Registrar's signature)

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 **Leon Simpson** (M. D. or other) _____

Address **Missouri Ave. Hoop** Date signed **5/9/40**

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

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis, Mo.

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

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