

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: Luthern 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

3. (a) PRINT FULL NAME Herman Hunke

3. (b) If veteran, name was Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lydia 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Sept. 26 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>0</u>	<u>10</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Louie Hunke13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Gerline Meyer15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Alvin Kraenow(b) Address Bland, Mo.17. (a) Removal (b) Date thereof 10-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wollen, Mo.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave.19. (a) OCT 7 1940 (Date recorded at local registry)
(b) [Signature] (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Bland N/R
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th
year 1940 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 9/23/40 to 10/5/40, 19____; that I last saw him alive on 10/5/40, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration 3 days

Due to Pneumonia

Due to _____

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

Major findings: _____
Of operations None

Of autopsy None

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)
(c) Means of injury _____

23. Signature Thos. H. Hansen (M.D. or other) G.D.Address 3651 Grand St. Date signed 10/7/40

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.....

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address.....

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, fact should be so stated above.