

No. 2  
-13-40  
17-39  
X231

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(c) Name of hospital or institution..... **Christian Hospital**  
(d) Length of stay: In hospital or institution..... **2-wks.**  
In this community..... **48 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(d) Street No..... **4256W. Evans Ave.**  
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME..... **Frank Kunsky**

(b) If veteran, name war..... **None** (c) Social Security No..... **None**

4. Sex..... **M.** 5. Color or race..... **W.** 6. (a) Single, widowed, married, divorced..... **M.**

(b) Name of husband or wife..... **Anna Kunsky** (c) Age of husband or wife if alive..... **75** years

7. Birth date of deceased..... **Nov. 5th., 1862**

8. AGE: Years..... **78** Months..... **1** Days..... **5** If less than one day..... hr. min.

9. Birthplace..... **Michigan**

10. Usual occupation..... **Retired Tailor**

11. Industry or business.....

12. Name..... **Alois Kunsky**

13. Birthplace..... **Bohemia**

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown**

16. (a) Informant..... **Mrs. Anna Kunsky**

(b) Address..... **4256W. Evans Ave.**

17. (a) **Burial** (b) Date thereof..... **12-13-1940**

(c) Place: burial or cremation..... **St. Peters**

18. (a) Signature of funeral director..... **Arthur J. Wonnell**

(b) Address..... **3840 Lindell Blvd.**

19. (a) **DEC 11 1940** (b) **J. H. Bredich**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Dec.** day..... **10th.** year..... **1940** hour..... **3** minute..... **45** p. M.

21. I hereby certify that I attended the deceased from..... **Nov. 27, 1940** to..... **Dec. 10, 1940**

that I last saw him alive on..... **Dec. 10, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death..... **broncho terminal pneumonia**  
**Myocarditis with chronic**  
**cardiac dilatation**  
Due to..... **General arteriosclerosis**

Due to.....

Other conditions..... **930**  
(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..... **Louis B. Berwald** (M. D. or other).....  
Address..... **4155 N. Newstead** Date signed..... **12-11-1940**

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

MOTHER FATHER

10-12  
2-4

PROCESSED BY CCT#

**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell St

**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, fact should be so stated above.**