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X23159

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3514 Iowa Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 68 Years.
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. 3514 Iowa Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 68 Years years.

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3. (a) PRINT FULL NAME JOSEPH C. KUNZ

3. (b) If veteran, name war _____ 3. (c) Social Security 488-12-9722

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

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

7. Birth date of deceased June 18 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Packer

11. Industry or business Siminds Hrdw. Co.

12. Name Anthony Kunz

13. Birthplace Bohemia (City, town, or county) (State or foreign country)

14. Maiden name Mary Zitek

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

16. (a) Informant Anna Kunz

(b) Address 3514 Iowa Av e.

17. (a) Burial (b) Date thereof June 16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Thos. Kutis Und. Co.

(b) Address 2906 Gravois Ave.

19. (a) JUN 14 1941 (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1941 hour 6 30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 8, 1941, to June 12, 1941; that I last saw him alive on June 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 5 days

Due to Hypertension

Due to _____

Other conditions Chronic myocarditis (Include pregnancy within 3 months of death) OK

Major findings: Of operations 9.30

Of autopsy _____ 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?

(Specify type of place) While at work? _____ (a) Means of injury _____

23. Signature Roland A. Koel (M. D. or other) Address 3420 California Ave Date signed 6/13/41

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

MOTHER FATHER

3411 Reelprime

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.....

David Milton Van Gorman....., Registered Apprentice No. 280

working under my personal supervision.

Signed..... *Thos. Lutes*.....

Licensed Embalmer No. 1619

P.O. Address 2906 Havana

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.