

Registration District No. 79.1 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:
4840 S. Broadway
(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) 1

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. 4840 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Kunzel

3. (b) If veteran, name war Spanish Amer. 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Eliz. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 8 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 5 13 hr. min.

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

10. Usual occupation Musician Retired

11. Industry or business U.S. Army

12. Name John Kunzel Sr.

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

14. Maiden name Elizabeth Guethner

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

16. (a) Informant Mrs. E. K. Thuner

(b) Address 4840 S. Broadway

17. (a) Cremation (b) Date thereof 7-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation No. Cremation

18. (a) Signature of funeral director H. Schumacher

(b) Address 3013 Meramec St.

19. (a) JUL 18 1941 (b) _____ (Date received local facilities) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1941 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from July 19 1941 to July 18 1941
that I last saw him alive on July 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Disease
Due to _____

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

Major findings: Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Carl J. Reis (M. D. or other) _____
Address 304 Franklin Date signed 7/19/41

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

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MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

AUG 22 1940

3604 Washington Ave
1130 N 130

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.....

Clarence Kochow

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clarence Kochow

Licensed Embalmer No.....

3093

P. O. Address.....

3013 Meramec

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.