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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH *35* *4061*  
STANDARD CERTIFICATE OF DEATH *Mr* State File No. 3574

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 351

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
76  
00  
0

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Arbor Terrace  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mother of Good Council Home 5  
(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 MO (b) County St. Louis *96*  
(c) City or town Belnor  
(If outside city or town limits, write "RURAL") *6*  
(d) Street No. 3025 Delavan Drive  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Sylvia Kunkler  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 11th  
year 1942 hour 5 minute 45 P. M.  
21. I hereby certify that I attended the deceased from Sept 6  
1939 to Feb 19 1942

4. Sex Female 1 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow 2  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased 2/19/1876  
(Month) (Day) (Year)

that I last saw her alive on Feb 14 1942  
and that death occurred on the date and hour stated above  
Immediate cause of death Pneumonia Duration  
Chronic Myocarditis  
Paralysis Abdominis  
Due to Shock death

8. AGE: Years Months Days If less than one day  
65 11 25 hr. min.

Due to 93d  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Waterman, Ill. 1 (City, town, or county) (State or foreign country)  
10. Usual occupation at home

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business.....  
12. Name Homer Weaver  
13. Birthplace Virginia 1 (City, town, or county) (State or foreign country)  
14. Maiden name Louisa A. Walker  
15. Birthplace Canada 2 (City, town, or county) (State or foreign country)

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.....

16. (a) Informant Jus. A. Kolbahr  
(b) Address 3025 Delavan  
17. (a) Burial (b) Date thereof 2/17/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Clinton Mo

23. Signature Wm G. Nace MD (M. D. or other) *MD*  
Address 9301 Natural Bridge Date signed 2-16-42

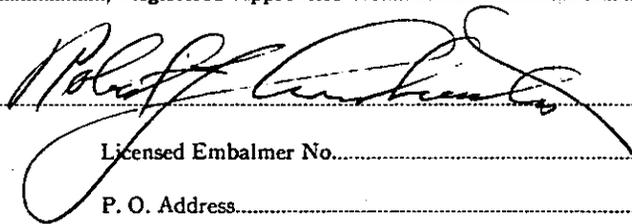
18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address 6633 Clayton Road  
19. (a) FEB 16 1942 (b) H. McHaran 767  
(Date received local registrar) (Registrar's signature)

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**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.....



Licensed Embalmer No.....

P. O. Address.....

**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.**