

FILED APR 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8839

State File No. _____
Registrar's No. 2890

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane 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

Ida Kunce

3. (b) If veteran, name war

None

3. (c) Social Security No.

None

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

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

7. Birth date of deceased Dec 30 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business

12. Name John Ellinger

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

14. Maiden name Mary Logue

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

16. (a) Informant Mrs. Mabel Kunce

(b) Address 1227 S. Geyer Rd.

17. (a) Burial (b) Date thereof 3-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) MAR 25 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17. 640 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4069A Shenandoah
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1942 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-23-42
_____ 19 _____ to 3-25-42 19 _____
that I last saw h. er alive on 3-25-42 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of the heart

Due to Hypertension and enlargement of the heart.

Due to _____

Other conditions 95
(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 _____ Address _____

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

4930 Lindell

MOTHER FATHER

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 *John M Meyer*
Licensed Embalmer No. *3288*
P. O. Address *Herbwood, Mo.*

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.