

FILED MAY 9 1942
Registration District No. 200

Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town KOCH
(c) Name of hospital or institution: ROBERT KOCH HOSPITAL
(d) Length of stay: In hospital or institution 156 days
In this community 156 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County - 00
(c) City or town ST. LOUIS
(d) Street No. 5030 DELMAR
(e) Citizen of foreign country? no (Yes or No)

3. (a) PRINT FULL NAME ALICE SPARKS KUNZ

3. (b) If veteran, name war no 3. (c) Social Security No. 497-09-0888

4. Sex FEMALE 5. Color or race Wh. 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife CLIFFORD KUNZ 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased 5 - 3 - 1907

8. AGE: Years 34 Months 11 Days 28 If less than one day hr. min.

9. Birthplace FRANKLIN COUNTY MISSOURI

10. Usual occupation WAITRESS

11. Industry or business

12. Name JOHN SPARKS

13. Birthplace MISSOURI

14. Maiden name ELLA MONTGOMERY

15. Birthplace ALLEGHTOWN MISSOURI

16. (a) Informant PATIENT

(b) Address

17. (a) Burial (b) Date thereof 5/4/42

(c) Place: burial or cremation Sun Set Burial Park

18. (a) Signature of funeral director Chas Kron Funeral Home

(b) Address 4911 Washington Blvd.

19. (a) MAY 4 - 1942 (b) R. S. McSweeney

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1 year 1942 hour 1 minute 30 AM

21. I hereby certify that I attended the deceased from 11:00 25 1941 to MAY 1 1942 that I last saw her alive on APRIL 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 23 yrs?

Due to

Due to 3/8/1

Other conditions (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 Samuel S. Howland (M. D. or other) Address Koch Hosp. Koch, Mo. Date signed 5/1/42

15/42
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MAY 6 1948

MAY 14 1948

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 *Thomas R. Penwick*

Licensed Embalmer No. *3793*

P. O. Address *St Louis, 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.