V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100 2

State File No. 32147

Registrar's No. 9189

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: Jewish Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED: 999

(a) State Illinois (b) County Madison
(c) City or town Granite City, Ill. NR
(If outside city or town limits, write "RURAL")
(d) Street No. 2319 Washington Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country L

3. (a) PRINT FULL NAME William Kunfinker
3. (b) If veteran, name war No.
3. (c) Social Security No. 361-09-9939
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Kunfinker
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June (Month) 6th (Day) 1871 (Year)

8. AGE: Years 71 Months 4 Days 25 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Bartender
11. Industry or business Wagner Brewing Co.
12. Name Fred Kunfinker (FATHER)
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Catherine Koennemann (MOTHER)
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Elizabeth Kunfinker
(b) Address 2319 Washington Ave, Granite City, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Granite City, Ill.
18. (a) Signature of funeral director E. H. Schildman
(b) Address Granite City, Ill.
19. (a) NOV 4 1942 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30 year 1942 hour 7 minute 8 M.
21. I hereby certify that I attended the deceased from Oct 15, 1942 to Oct 30, 1942 that I last saw him alive on Oct 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	1 day
Cardiac failure	1 day
Due to generalized peritonitis	4 wks
acute pancreatitis	
Due to and perforated duodenal	4 wks
ulcer	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

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

23. Signature M. Norman Orgel (M. D. or other) M.D.
Address Medical Arts Bldg, St. Louis Date signed 10/31/42

(Licensed Embalmer's Statement on Reverse Side)

9189

9189

JUN 8 1944

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.....297.....

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.