

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5672

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution: 10 Mo. 7 days
In this community: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis
(d) Street No.: 921a Rutger Street
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: KUNTEMEYER, Fred

3. (b) If veteran, name war: 0 3. (c) Social Security No.: 0

4. Sex: M 5. Color or Race: W 6. (a) Single, widowed, married, divorced: 1

6. (b) Name of husband or wife: Jennie Kuntmeyer 6. (c) Age of husband or wife if alive: 77 1/2 years

7. Birth date of deceased: Jan. 17, 1864 (Month) (Day) (Year)

8. AGE: Years: 79 Months: 5 Days: 3 If less than one day: 0 hr. min.

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

10. Usual occupation: Retired - Fixture Co. Work

11. Industry or business: Cutley Kuntmeyer

12. Name: Missouri

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

14. Maiden name: Ann's

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

16. (a) Informant: D. E. Basso (b) Address: 5800 Arsenal St., St. L. Mo.

17. (a) Burial (b) Date thereof: June 23, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: New St. Marcus Ceme

18. (a) Signature of funeral director: Witt Bros. R. N. C. (b) Address: 2929 So. Jefferson - St. Louis

19. (a) JUN 21 1943 (Date received local registration) (b) J. J. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 20 year: 1943 hour: 10:20 minute: 0 A. M.

21. I hereby certify that I attended the deceased from: April 1, 1943 to: June 20, 1943
that I last saw him alive on: June 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Regenerative Heart Disease

Due to: Arteriosclerosis

Due to: Senility

Other conditions: 93
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: 0

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): 0
(b) Date of occurrence: 0
(c) Where did injury occur? (City or town) (County) (State): 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: J. J. Brudeck (M. D. or other) MD
Address: City Infirmary Date signed: 6/21/43

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

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 Edgar F. Witt

Licensed Embalmer No. 2157

P. O. Address 2929 S. Jefferson

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.