

FILED JUL 24 1943 18

Registration District No. Primary, Registration District No. 1003

Registrar's No. 6315

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(c) Name of hospital or institution: Current City Dept #1
(d) Length of stay: In hospital or institution LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17
(c) City or town ST. LOUIS 915
(d) Street No. 4629 MINNESOTA AV. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country NONE 0

3. (a) PRINT FULL NAME FRANK GEORGE KUNKEL

3. (b) If veteran, name war NONE 3. (c) Social Security No. 497-10-0001

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married divorced MARRIED

6. (b) Name of husband or wife LEONA KUNKEL 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased AUG 25 1904 (Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 15 If less than one day hr. min.

9. Birthplace ST LOUIS MO 0 (City, town, or county) (State or foreign country)

10. Usual occupation BAKER

11. Industry or business MERTENS BAKERY

12. Name BRUNO KUNKEL

13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

14. Maiden name CECILIA MERZ

15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leona Kunkel

(b) Address 4629 a Minnesota

17. (a) BURIAL (b) Date thereof JULY 13-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland and Co

(b) Address 1827 HOBAN STR

19. (a) JUL 12 1943 (b) F. Bredeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 10TH year 1943 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from laceration of heart, when the deceased failed to make a major stop while driving his automobile and crashed into Public Service Bus being operated by James Coats, at the intersection of Bates & Minnesota Aves., about 10:45 o'clock AM, July 10, 1943.

Other conditions ACCIDENT. (Include pregnancy within 3 months of death)

Major findings: Of operations 170 Of autopsy 22

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) ACCIDENT 000
(b) Date of occurrence July 10, 1943.
(c) Where did injury occur? St. Louis, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place
While at work? (Specify type of place) (e) Means of injury 3
23. Signature Thomas J. Callahan (M.D. or other) Deputy Coroner Date signed 7-43

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.....

J. Allen Davis Jr.
4053

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.