

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16746
Registrar's No. 4307

Registration District No. 318 Primary Registration District No. 1003

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:
4249 Hartford Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4249 Hartford Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. ALBERT E. SCHUNTNER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION/
20. DATE OF DEATH: Month May day 8th
year 1944 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from
Mar. 18, 1944, to May 8, 1944.
that I last saw him alive on May 8, 1944.
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Marie Schuntner 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April 29, 1872
(Month) (Day) (Year)

Immediate cause of death
Pulmonary Embolism
Due to Chronic Endocarditis -
Due to Arterio Sclerosis - nephritis, Chronic
Other conditions (Include pregnancy within 3 months of death)
Major findings: 1. 2. 3.
Of operations _____
Of autopsy _____

8. AGE: Years 72 Months 0 Days 9 If less than one day _____ hr. _____ min.

Duration Apr. 22 to May 8/44
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Stuttgart, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Baker

11. Industry or business Self

12. Name Carl Schuntner

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

14. Maiden name Caroline Reuckert

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

16. (a) Informant Mrs. Marie Schuntner

(b) Address 4249 Hartford Street

17. (a) Cremation (b) Date thereof May 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAY 10 1944 (b) J. F. Bredsch
(Date of death) (Registrar's signature)

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) (r) Means of injury _____
23. Signature Chas. F. Neube (M. D. or other) MD
Address 3109 So. Grand Date signed May 9/44

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

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..... *G. W. May*

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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.