

FILED MAY 20 1944
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16825

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4175

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles Richard Tunze (Tunze)

3. (b) If veteran, name war Spanish War 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased November 10 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	24	hr. min.

9. Birthplace Columbia Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Missouri Pacific R. R.

12. Name Richard Tunze

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

14. Maiden name Louisa

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

16. (a) Informant Helen P. Wargand

(b) Address East St. Louis, Ill.

17. (a) Removal (b) Date thereof May 4, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Ill.

18. (c) Signature of funeral director J. F. Bredeck

(b) Address East St. Louis, Ill.

19. (a) MAY 5 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Monroe
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4
year 1944 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from 4-10, 1944, to 5-4, 1944
that I last saw him alive on 5-4, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of rectum
Diabetes mellitus

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations Rectal resection
Post-op. death.
Of autopsy _____

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 0

23. Signature Harol Steele (M. D. or other) _____
Address 1755 S. Grand Date signed 5-4-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

944

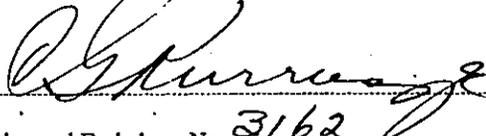
(Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS, MO

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. 3162

P. O. Address E. St. Louis Ill

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.