V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23115

FILED JUL 31 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6470

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: 729 THRUSH 1 AVE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether

In this community 32 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 98 (If outside city or town limits, write "RURAL")

(d) Street No. 729 THRUSH AVE. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HERMAN HUNSTEIN

3. (b) If veteran, name war NONE

3. (c) Social Security No. 492-20-8911

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CLARA HUNSTEIN

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct. (Month) 22 (Day) 1883 (Year)

8. AGE: Years 60 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation PAINTER

11. Industry or business

FATHER
12. Name DANIEL HUNSTEIN
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name MARY HAMMAS
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Clara Hunstein
(b) Address 729 Thrush ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 24-1944 (Month) (Day) (Year)

(c) Place: burial or cremation ST. JOHN'S CEMETERY

18. (a) Signature of funeral director Diedrich F. Ame
(b) Address 8319 HALLS FERRY RD.

19. (a) JUL 23 1944 (Date received local registrar) (b) F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 20 year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from MARCH 6 1944 to July 20, 1944 that I last saw him alive on July 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-vascular — Duration 6 mos

Due to Renal Disease

Due to Arteriosclerosis — 1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93

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 F. J. Friedler (M. D. or other)

Address 4114 N Stonemont Date signed 7/1/44

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur R Diedrich

Licensed Embalmer No. 3556

P. O. Address 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.