S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28653

Registration District No. 310 | Primary Registration District No. 305-8 | Registrar's No. 108

1. PLACE OF DEATH:
(a) County: ST. CHARLES
(b) City or town: ST. CHARLES (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1503 Clay St / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles
(c) City or town: St. Charles (If outside city or town limits, write "RURAL")
(d) Street No.: 1503 Clay Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: DARLENE JUNE KUNZE
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 3 (Day) 1928 (Year)
8. AGE: Years 16 | Months 1 | Days 22 | If less than one day: hr. min.
9. Birthplace: Warren County (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Student
11. Industry or business: School
FATHER 12. Name: Theodore Kunze
FATHER 13. Birthplace: Warren County (City, town, or county) Mo (State or foreign country) 0
MOTHER 14. Maiden name: Malinda Sellenschuetter
MOTHER 15. Birthplace: Warren County (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant: Theodore Kunze
(b) Address: 1503 Clay St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 28 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: St Charles Mo
18. (a) Signature of funeral director: Hackmann Bros
(b) Address: St Charles Mo.
19. (a) June 27, 1944 (Date received for registrar) (b) Ernest L. Paul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1944 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from Coroners Viewing of Body that I last saw h alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Suffocation	5 Min.
Due to: Myasthenia Gravis	2 yrs. +
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: J. Erich Schulz M.D. (M.D. or other)
Address: St Charles Mo. Date signed: 6/27/44

1340 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number .....
Date Filed 8-18-44

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 C. Pace

Licensed Embalmer No. 3151

P. O. Address St. Charles Mo.

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.**