S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42112

Registration District No. 3 17 Primary Registration District No. 6076 Registrar's No. 2545

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6155 Gambleton Place.
(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 ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6155 Gambilton Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Anna M. Kuntz.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Peter Kuntz.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased November (Month) 4, (Day) 1867. (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	9	hr. ____ min.

9. Birthplace Waterloo, (City, town, or county) Illinois. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER
12. Name Christian Waltenhof.
13. Birthplace ? (City, town, or county) Germany. (State or foreign country)
MOTHER
14. Maiden name Suse Wind.
15. Birthplace ? (City, town, or county) Germany. (State or foreign country)
16. (a) Informant Mrs. Alice E. Jefferis.
(b) Address 6155 Gambleton Place.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1944. (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) DEC 15 1944 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th year 1944 hour 9 PM month May 15th M.
21. I hereby certify that I attended the deceased from 1944, 19__ to Dec 13 19__ 44; that I last saw her alive on Dec 13th 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Cardiac Decompensation	
Due to (b) Chronic Myocarditis	30 days
Due to (c) Arteriosclerosis	2 years
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 C. P. Albany (M. D. or other) Mo
Address 1537 Dr. Grand Blvd. Date signed

(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 Ben Hoffman Jr

Licensed Embalmer No. 4366

P.O. Address St Louis, 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.