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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 16 1945

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

465

State File No.

73

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1719 Elliot St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis Kunze

3. (b) If veteran, name war No 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Georgia 6. (c) Age of husband or wife if alive ?? years

7. Birth date of deceased July 14 1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 18  
If less than one day 12 hr. 2 min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Karl Hunze

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

14. Maiden name Nancy Freeman

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

16. (a) Informant Carl Kunze

(b) Address 4441 Gannett

17. (a) Burial (b) Date thereof 1/5/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity

18. (a) Signature of funeral director Jos. P. Fendler Jr.  
(b) Address 7128 Michigan

19. (a) JAN 4 1945 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd  
year 1945 hour 1:55 minute P. M.

21. I hereby certify that I attended the deceased from 12/20/44  
\_\_\_\_\_, 19\_\_\_\_, to 1/2/45, 19\_\_\_\_;  
that I last saw him alive on 1/2/45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of myocardium due to arterosclerotic thrombosis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions [Signature]  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Same

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 Herbert C. Zint (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 1/2/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

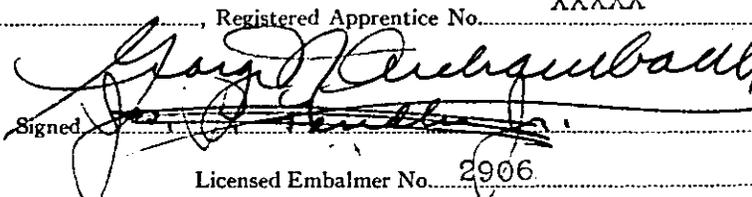
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....George N. Archambault  
working under my personal supervision.

....., Registered Apprentice No. XXXXX

Signed 

Licensed Embalmer No. 2906

P. O. Address. 7128 Michigan Ave.

**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.