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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11445

FILED APR 27 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3391

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: 4534 Lexington Ave.
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4534 Lexington Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Urban Kuntzman
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine B. Kuntzman
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased August 25, 1872. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	20	hr. min.

9. Birthplace Illinois. (City, town, or county) (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
12. FATHER Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Katherine Kuntzman
(b) Address 4534 Lexington Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 18, 1945. (Month) (Day) (Year)
(c) Place: burial or cremation Trenton, Illinois.
18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.
19. (a) APR 17 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1945 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from Aug 27, 1944 to April 15, 1945 that I last saw him alive on April 14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	24 hrs
Hypertension	chronic
Due to Rh. myocarditis	
Arteriosclerosis	
Due to	
Other conditions Hemiplegia (left) (Include pregnancy within 3 months of death)	Since Aug 1944

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 (M. D. or other)
Address 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 John A. Mlina

Licensed Embalmer No. 4186

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.