

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH  
**FILED** ST. LOUIS  
318

STATE BOARD OF HEALTH OF MISSOURI  
7 1945 STANDARD CERTIFICATE OF DEATH  
1003

25871  
State File No.  
Registrar's No. 7399

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County .....  
(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. Anthony Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4962a Sutherland Ave  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Bernardine Kunkler  
3. (b) If veteran. name war No 3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 1  
year 1945 hour 7.30 AM minute .....

4. Sex Female 5. Color or race White 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 4-8-1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 1945 to Sept 1 1945  
that I last saw her alive on Aug 31 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 4 Days 23 If less than one day hr. .... min.

Immediate cause of death Myocardial Degeneration Duration 1-1-45  
Due to pleurisy 1-3-45

9. Birthplace Mt Sterling Ill  
(City, town, or county) (State or foreign country)  
10. Usual occupation Dental Worker

Due to Carcinoma of Lung 6-24-45  
Other conditions (Include pregnancy within 3 months of death) .....

11. Industry or business St. Louis Dental School  
12. Name Theodore Kunkler  
13. Birthplace Mt Sterling Ill  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Connor  
15. Birthplace Mt. Sterling Ill  
(City, town, or county) (State or foreign country)

Major findings: Of operations none 47  
Of autopsy above  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Kunkler  
(b) Address 4962a Sutherland Ave  
17. (a) Burial (b) Date thereof 9 4 45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Sterling Ill

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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? .....

18. (a) Signature of funeral director Kriegshauser  
(b) Address 4228 So. Kingshighway  
19. (a) SEP 3 1945 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury .....  
23. Signature W. Schneider (M. D. or other) W. Schneider  
Address 3318 B. Grand Date signed 9-3-45

(Licensed Embalmer's Statement on Reverse Side)

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

60  
17  
9

Dr N A Schneider

3318 St. Paul

Rm 0333

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 *Edwin D Mc Dermott*

Licensed Embalmer No. *3024*

P. O. Address.....

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.