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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 34648

FILED NOV 10 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2553

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Riverview Gardens
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 420 Thrift Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 42 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 96

(c) City or town Riverview Gardens
(If outside city or town limits, write "RURAL")

(d) Street No. 420 Thrift Dr.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** George Kunert

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Clara F. Kunert

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased February (Month) 12, (Day) 1867 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 78 | 8 | 20 | hr. min. |

9. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs F.J. Marxer
(b) Address 420 Thrift Dr. Riverview Gds.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) 11-6-45 (Date received local registrar) (b) E G McGarran MD MSA (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 1, year 1945 hour 9:20 AM minute M.

21. I hereby certify that I attended the deceased from Death without medical attendance, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy

Duration

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 E M Gaerner (M. D. or other)

Address 601 Brentwood Blvd. Date signed 11/6/45

(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 William G Buchholz

Licensed Embalmer No. 2110 S

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.**