

S. No. 2
M-5-43
ev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. 38538
Registrar's No. 2806

Registration District No. 317 Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
U.S. Veterans Hospital
(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)

3. (a) PRINT FULL NAME Jacob J. Kundert
3. (b) If veteran, name war Spanish-Amer
3. (c) Social Security No. 494-28-5711

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased 2 13 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 25 hr. min.

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

10. Usual occupation Machinist

11. Industry or business _____

12. Name Jacob Kundert
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Bailly
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Kundert
(b) Address 6828 Minnesota Ave.

17. (a) Burial (b) Date thereof 12/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nat. Cem. Jeff. Bar.

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

19. (a) 12-12-45 (b) E. J. McFarland
(Date received local registrar) (Registrar's signature)

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. 6828 Minnesota
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1945 hour 10.20 minute _____ P. M.
21. I hereby certify that I attended the deceased from JAN. 1945
1945 to Dec. 8, 1945
that I last saw him alive on Dec 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Chronic Myocarditis
Chronic Nephritis
Duration 2 1/2 hrs
1 yr
3 yr

Due to _____
Due to 131N

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?

While at work? _____ (Specify if place of place)
23. Signature V. G. White (M.D. or other) D. D.
Address 6745 Vermont Ave. Date signed _____

APR 16 1946

STATEMENT BY LICENSED EMBALMER

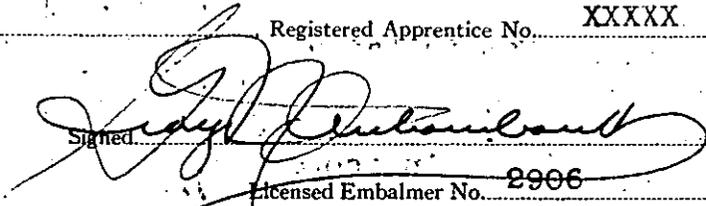
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXX**

working under my personal supervision.

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.