

FILED JAN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No.

551

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

166

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:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month, 28 days
(Specify whether
In this community 65 years
years, months or days)

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. 4420 Gravois Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Godfrey, Kuntzman

3. (b) If veteran, name war
3. (c) Social Security No. 490-27-809

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Canda
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased June 11 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 25 hr. min.

9. Birthplace Franklin Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Moulder, common laborer

11. Industry or business

MOTHER FATHER
12. Name Henry Kuntzman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude Eliz. McCoy
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary records
(b) Address 5800 Arsenal Street

17. (a) Burial (b) Date that of 1-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Cemetery

18. (a) Signature of funeral director Wacker - Haldick
(b) Address 3634 Gravois Ave
19. (a) JAN 7 1946
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1946 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased from November 7,
1945 to Jan. 1, 19 46
that I last saw him alive on January 1, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Chronic myocarditis and Myocardial degeneration.

Due to
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 type of place) (e) Means of injury

23. Signature John E. Helms (M. D. or other) M.D.
Address 5800 Arsenal Date signed 1/5/46

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

2730

0 2 9
1517
90

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..... *Frank J. Myland*

Licensed Embalmer No..... *2645*

P. O. Address..... *St. Louis*

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.