S. No. 2
OM—5-43
v. 5-17-39
I X36671

10253

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

FILED MAR 27 1946

State File No. 11341

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2570

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:
3616 S. Jefferson Ave
(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 Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3616 S. Jefferson Ave
(If rural, give location)

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

If yes, name country

24/7 90

3. (a) PRINT FULL NAME John S. Kunkel Jr

3. (b) If veteran, name war ******* 3. (c) Social Security No. ******

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Kunkel 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 13 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days ~~15~~ 3 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Painting Contractor

11. Industry or business

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

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

16. (a) Informant Ida Kunkel
(b) Address 3616 S. Jefferson Ave

17. (a) Burial (b) Date thereof March 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Ziegendein Bros.
(b) Address 6409 Gravois Ave

19. (a) MAR 18 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day March
year 19465 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from June 1 1944 to March 16 1946
that I last saw him alive on 3-15 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary edema	4 days
Due to: Pulmonary concussion	3 months
Due to: Concussion of meter	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

52

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 [illegible] (M. D. or other) M.D.
Address 3800 [illegible] Date signed 3/18/46

(Licensed Embalmer's Statement on Reverse Side)

Dr Engel
3800 S. Broadway
Pr - 7388
11 30 to 1 Pm

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.