

FILED FEB 10 1947
Registration District No. 3063

Primary Registration District No. 3063

Registrar's No. 231

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence; 8021 Daytonia Drive.
(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 JENNIE R. KUNZ.

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Alphonse M. Kunz. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 6 1878
(Month) (Day) (Year)

8. AGE: - Years	Months	Days	If less than one day
<u>68</u>	<u>2</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Henry Roth.

13. Birthplace Alsace Lorraine.
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy BadeVon

15. Birthplace Alsace Lorraine.
(City, town, or county) (State or foreign country)

16. (a) Informant A.M. Kunz.

(b) Address 8021 Daytonia, Dr.

17. (a) Burial (b) Date thereof 2/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) 2-3-47 (b) Ruth Allen MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 8021 Daytonia Drive.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1947 hour 1:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 19 1947 to Feb 1 1947
that I last saw her alive on November 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Hypertension + General Arteriosclerosis
Duration > 2 years.

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?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. H. Heman (M. D. or other) MD
Address 365 1/2 Grand Square Date signed Feb 1 1947

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

MOTHER FATHER

3657 Grand St. Sg.
JE-4430

1 P.M.

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.