. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19589

FILED JUN 16 1947

Registration District No. 7

Primary Registration District No. 3068

Registrar's No. 1180

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Washington 999
(c) City or town Okawville 0
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rudolph Lunte

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Amelia Lunte

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

7. Birth date of deceased February (Month) 8 (Day) 1871 (Year)

8. AGE: Years 76 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Okawville (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Chef 1

11. Industry or business

FATHER
12. Name William Lunte 11
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Minnie Moehle 11
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 1

16. (a) Informant Alma Tuelel
(b) Address 3821 Greer Avenue.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 6/9/47
(c) Place: burial or cremation Okawville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 6-12-47 (Date received local registrar) (b) Cecil R. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Feb 15 1947 to June 8 1947
that I last saw him alive on June 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive myocarditis

Due to

Due to 93

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 705 Olive St. Date signed 6-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 [illegible]

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.