S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22418

Registrar's No. 5883

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 PARKLANE HOSP (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) 4 DAY

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town RIVERVIEW GARDENS (If outside city or town limits, write "RURAL")
(d) Street No. 206 CROWN DR. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM KUNZ
3. (b) If veteran, name war —
3. (c) Social Security No. — — —

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife — — —
6. (c) Age of husband or wife if alive — — years
7. Birth date of deceased SEPT. 1 (Month) 1869 (Day) (Year)

8. AGE: Years 77 Months 9 Days 12 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
MOTHER FATHER
12. Name GEORGE KUNZ
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name MARY REMMERT
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Louis Graff
(b) Address Washington B.C.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 17/47 (Month) (Day) (Year)
(c) Place: burial or cremation NEW BETHLEHEM CEM
18. (a) Signature of funeral director Friedrich F. Haag
(b) Address 8319 Halls Ferry Rd
19. (a) JUN 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 13 year 1947 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from 3-16, 1947, to 6-13, 1947, that I last saw him alive on June 13, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to Alcoholism - Chronic	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature W. A. Knight (M. D. or other)
Address 8201 N Broadway Date signed 6-16-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) W.A.KNIGHT

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.