

FILED OCT 29 1947

3063

2176

Registration District No. 37

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

(a) County St. Louis County
(b) City or town Clanton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis County Hosp. C
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether 3 yrs)

In this community _____ years, months or days

3. (a) PRINT FULL NAME

John W. Kunz

3. (b) If veteran, name war

3. (c) Social Security No. 490-12-8642

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

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

7. Birth date of deceased Jan 10 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 9 2 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business

12. Name Louis Kunz

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

14. Maiden name Marie Connors

15. Birthplace St. Louis Mo.
(City, town or county) (State or foreign country)

16. (a) Informant Sister - Mrs. R.E. Goodwin

(b) Address Same add. 140-22 41

17. (a) Burial Burial (b) Date thereof 10-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroff-Carroll

(b) Address 4600 Natural Bridge

19. (a) 10-12-47 (b) Beula J. Haynes
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Goodwin (M. D. or other)

Address 601 Brentwood Date signed 10-12-47

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Clanton Normandy 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6908 Florian 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th
year 1947 hour 7 minute 45 a.m.

21. I hereby certify that I attended the deceased from October 7th 1947 to October 12th 1947
that I last saw him alive on October 12th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular Accident 4 days

Due to thrombosis of cerebral vessel probably

Due to 95

Other conditions Hypertensive Cardio-vascular disease with decompensation.

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

OCT 1 4 1949

OCT 20 1949

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 _____

Ben C. Hoffman

Licensed Embalmer No. 4366

P. O. Address Stam, 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.