S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43151

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11470

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 0
(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 0-0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2839 Lemp Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 24 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ARNOLD HUNZIKER
3. (b) If veteran, name war
3. (c) Social Security No. 489-12-7820
4. Sex male C
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased August (Month) 27 (Day) 1874 (Year)

8. AGE: Years 73 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)
10. Usual occupation Teamster
11. Industry or business
FATHER
12. Name Jacob Hunziker
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)
16. (a) Informant Anna Hunziker, wife
(b) Address 2839 Lemp Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard
18. (a) Signature of funeral director Witt Brothers
(b) Address 2929 S. Jefferson Ave.
19. (a) DEC 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 14th year 1947 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12/12/47, 19, to Dec. 14th, 1947 that I last saw him alive on Dec. 14th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated inguinal hernia
Due to
Due to
Other conditions Arteriosclerotic heart disease
(include pregnancy within 3 months of death)
Diabetes Mellitus
Major findings:
Of operations Strangulated inguinal hernia
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 [signature] (M. D. or other)
Address 1615 Lafayette Date signed 12/15/47

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

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 Davis Registered Apprentice No. , working under my personal supervision.

Signed Edgar F. Hitt

Licensed Embalmer No. 217

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.