V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10379

FILED APR 3 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2860

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 Barnes Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 79 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 96
(c) City or town Ferguson (If outside city or town limits, write "RURAL") 6
(d) Street No. 6116 Bailey Ave. (If rural, give location) 2
R.R.
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benjamin Mortimer Kunkel
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ruth Kunkel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 10 (Day) 1905 (Year)

8. AGE: Years 42 Months 7 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Driver-Furniture Truck
11. Industry or business

FATHER
12. Name Peter Kunkel
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Florence Sutliff
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Ruth Kunkel
(b) Address 6116 Bailey Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) MAR 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1948 hour 4 minute 50 A. M.
21. I hereby certify that I attended the deceased from January 3, 1948 to March 22, 1948 that I last saw him alive on March 22, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of trachea
Due to
Due to
Other conditions Tracheo-esophageal fistula (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None performed

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 F. R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 3/22/48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.