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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24453
6633
State File No.
Registrar's No.

Registration District No. **318** Primary Registration District No. **1009**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2912 Indiana Av. 1
(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 Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2912 Indiana
24 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Martin J. Kunz
3: (b) If veteran, name war 770 3: (c) Social Security No. _____
4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Milda Kunz 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 22 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26
year 1948 hour 7 minute 15p. M.
21. I hereby certify that I attended the deceased from Feb. 5
1946 to July 26, 1948
that I last saw him alive on Apr. 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration _____
Due to myocarditis chr 2 yrs
Endocarditis chr (initial rupture) 2
Due to arteriosclerosis
Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings: Of operations nt Of autopsy nt
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 69 Months 0 Days 4 If less than one day hr. _____ min. _____
9. Birthplace Hermann Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Brewery Worker Retired
11. Industry or business _____
12. Name John M. Kunz
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Augusta Ott
15. Birthplace Mitwauki Wis. (City, town, or county) (State or foreign country)
16. (a) Informant Milda Kunz
(b) Address 2912 Indiana Av.
17. (a) Cremation (b) Date thereof 7-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director Wm Bros. & Co.
(b) Address 2929 S. Jefferson Av.
19. (a) JUL 28 1948 (b) J. A. Bradach
(Date received local health officer) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature B. J. Berche (M.D. or other) _____
Address 3139 1/2 Grand Blvd Date signed 7-27-48

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

MOTHER FATHER

Dr. Bauske
3139 S. Grand

1
2000

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 D. M. Davis

Licensed Embalmer No. 374

P. O. Address 2929 S. Jefferson

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.