

FILED SEP 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town. ST. LOUIS, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. ST. ANTHONY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 DAYS
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Joseph J. KUNES

3. (b) If veteran,
name war.....

3. (c) Social Security No. 490-01-5695

4. Sex. MALE 5. Color or race. WHITE
6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. JULIA 6. (c) Age of husband or wife if alive. 59
7. Birth date of deceased. DECEMBER 14 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 8 12 hr. min.

9. Birthplace. MISSOURI
(City, town, or country) (State or foreign country)

10. Usual occupation. FLOOR MAN

11. Industry or business. F.C. TAYLOR FURN. CO.

12. Name. WILLIAM KUNES

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

14. Maiden name. BARBARA VAGUDA

15. Birthplace. BOHEMIA
(City, town, or country) (State or foreign country)

16. (a) Spouse. JULIA KUNES
(b) Address. 4659 MINNESOTA

17. (a) Burial. BURIAL (b) Date thereof. AUG. 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. NEW ST. MARCUS

18. (a) Signature of funeral director. Thos. Kuti & Son

(b) Address. 2906 GRAVOIS

19. (a) AUG 21 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. MOO
(c) City or town. ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4659 MINNESOTA
15 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. AUG. day. 26
year. 1948 hour. 2 minute. 45 p. M.

21. I hereby certify that I attended the deceased from Aug 20
..... 1948 to Aug 26 1948
that I last saw him alive on Aug 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis

Due to interclerical Enlarged Heart

Due to Enlarged Heart

Other conditions. 92
(include pregnancy within 3 months of death)

Major findings:
Of operations. 92

Of autopsy. Same as above

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?.....

While at work?..... (Specify type of place)

23. Signature. J. S. Kline (M. D. or other) MD
Address. 2752 Clark Date signed. Aug 27/48

2751-2
for 0244
12 to 3 p.m.

[Handwritten signature]

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 *Samuel C. Bell*

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

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.

THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of _____ }
 County of _____ } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7511On this _____ day of Sept, 1948, before me appears _____

_____, who, upon _____ oath, states that the original record of ~~birth~~ death
 for Joseph J. Kunes died Aug. 26, 1948, in the State of
 Missouri, and which was filed at St. Louis Mo. on Aug 27, 1948, should be corrected as follows:

Item No. 7 should read Dec. 14 1886Instead of Dec 14 1885Item No. 8 should read 61 yrs. 8 mo. 12 daysInstead of 62 yrs. 8 mo. 12 days

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant

Mrs Julia Kunes

Relationship.

Widow

Present Address.

Subscribed and sworn to before me this 13 day of Sept, 1948.My Commission expires Mar 21 1952 Adelle Bondi Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-27928