

No. 300
10. 48

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9671

State File No. _____

9200

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

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 6051		Registrar's No. 48					
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before of deceased) a. STATE Missouri b. COUNTY Moniteau							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" St. Charles Twp 1 yr 9 mo		c. LENGTH OF STAY (in this place)		-c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Evangelical Emmaus Home 5				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) --- c. (Last) Kunze			4. DATE OF DEATH (Month) (Day) (Year) March 12, 1949								
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH — Sept 5-1868		9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months Days	11. UNDER 100 Hrs. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Saxony, Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME William Jahn			13b. MOTHER'S MAIDEN NAME Amelia Bubbitz			14. NAME OF HUSBAND OR WIFE Herman G. Kunze, dec'd					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME Theophil Stoerker-St. Charles, Mo.				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Braden Compensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arterio-sclerosis 18 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Mar 1 st 1949, to Mar 12 1949 that I last saw the deceased alive on Mar 12, 1949, and that death occurred at 7:50 A.M. from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) A.P. Erich Schulz, M.D.				23b. ADDRESS St. Charles, Mo.				23c. DATE SIGNED 3/12/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 12, 1949		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) California, Mo.					
DATE REC'D BY LOCAL REG. 3-14-49		REGISTRAR'S SIGNATURE 284 Fannie Hamilton		FUNERAL DIRECTOR'S SIGNATURE H. O. Dalmeyer & Sons Co		ADDRESS 800 N. 2nd St. Charles, Missouri					

(Licensed Embalmer's Statement on Reverse Side)

Date Filed MAR 21 1949

District File Number

District Health Officer No. 9,

RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Joseph F. Lindolt

Licensed Embalmer No. 4189

P. O. Address *St Charles 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.