

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13913

State File No. 3223

FILED APR 21 1949

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Olivette	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 9627-Old Bonhomme Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Belle c. (Last) Kuntz			4. DATE OF DEATH (Month) (Day) (Year) Apr. 8 1949		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 18, 1875	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Month Days Hours Min. 7 22	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY XXXXXX	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Bertels	13b. MOTHER'S MAIDEN NAME Barbara Waldeck	14. NAME OF HUSBAND OR WIFE William J. Kuntz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. XXXXXXX	17. INFORMANT'S SIGNATURE OR NAME 9627-Old Bonhomme Rd - Clayton, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Arterio-Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia Fracture Right Femur		4 days 1 month	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 690	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 9627 Old Bonhomme St Louis County MO
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21d. TIME OF INJURY Mar 3 49	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell at home fracturing Right Femur
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22. I hereby certify that I attended the deceased from **Sept 1947**, to **April 8, 1949**, that I last saw the deceased alive on **April 8, 1949**, and that death occurred at **10:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas J Resenberger	23b. ADDRESS M.D. 7745 Olive St. St. Louis	23c. DATE SIGNED Apr. 9-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-11-1949	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) Wellston, Mo.
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DATE REC'D BY LOCAL REG. APR 11 1949	REGISTRAR'S SIGNATURE J. B. Rasater	25. FUNERAL DIRECTOR'S SIGNATURE Barthman Bros. Inc.	ADDRESS 2504-Woodson Rd - Overland-14-Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Oscar F. Mueller

Signed _____
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14

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.