

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21937

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3663 Registrar's No. 1253

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1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Valley Park</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>W.</u> c. (Last) <u>Kunz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>November 23 1904</u>		9. AGE (In years last birthday) <u>44</u>		10. MONTHS <u>5</u> DAYS <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work (does during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>William Godefroid</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Drum</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Kunz</u>	
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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) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Kunz Valley Park Mo</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Irreversible shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe laceration right arm</u> DUE TO (c) <u>severe blood loss.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Concussion.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 hrs</u> <u>7 1/2</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE <u>Poisoning</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis - Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-20-49 6:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>automobile collision</u>	

22. I hereby certify that I attended the deceased from 5-20, 1949, to 5-20, 1949, that I last saw the deceased alive on 5-20, 1949, and that death occurred at 11:55 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>D. L. Purdy</u>		(Degree or title) _____		23b. ADDRESS <u>601 Brentwood Clayton</u>	
23c. DATE SIGNED <u>5/23/49</u>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/24/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>5/23/49</u>		REGISTRAR'S SIGNATURE <u>Hind...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meyer-Pfitzinger Kirkwood Mo</u>	
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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.....
Student Embalmer

Signed *John W. Meyer*
Licensed Embalmer No. *3585*

P. O. Address *Kirkwood 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.