.S. No. 300
Rev. 10.48

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25024
State File No. 6088

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY-REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: 5800 Arsenal St.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo.
c. LENGTH OF STAY (in this place): 6Mo. 11 Da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 400
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5909 Juniata

3. NAME OF DECEASED (Type or Print)
a. (First): Theodore
b. (Middle):
c. (Last): Kunze

4. DATE OF DEATH (Month) (Day) (Year): July 11 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 8, 1859
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? United States

13a. FATHER'S NAME: William Kunze
13b. MOTHER'S MAIDEN NAME: Wilhelmine Doistler
14. NAME OF HUSBAND OR WIFE: Katherine Engel Kunze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Walter Kunze — ADDRESS: 5909 Juniata St. St. Louis, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Many years
DUE TO (c) Old hip fracture, right — 1948

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile deterioration — Unknown.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 930

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4250

22. *I hereby certify that I attended the deceased from* Dec. 30, 1948, *to* July 11, 1949, *that I last saw the deceased alive on* July 11, 1949, *and that death occurred at* 6:15pm, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Palmer Romaine Bowlish M.D.
23b. ADDRESS: City Imfirmary
23c. DATE SIGNED: July 11 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 11, 49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Marissa Illinois

DATE REC'D BY LOCAL REG.: JUL 12 1949
REGISTRAR'S SIGNATURE: J. B. Fasater
25. FUNERAL DIRECTOR'S SIGNATURE: Lee H. Hull — ADDRESS: Marissa, Illinois

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed Lee H Hull

Licensed Embalmer No. 2975

P. O. Address Merissa, Illinois

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.