No. 300
10-40

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29526

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 308

16
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

a. COUNTY: Cape Girardeau

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau

c. LENGTH OF STAY (In this place): 50 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 611 So. Ellis Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: Cape Girardeau

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau

d. STREET ADDRESS (If rural, give location): 611 So. Ellis Street

3. NAME OF DECEASED (Type or Print)

a. (First): Albert b. (Middle): Ervin c. (Last): Hunze

4. DATE OF DEATH (Month) (Day) (Year): Sept. 13, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 26, 1891

9. AGE (In years last birthday): 57 — 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): Real Estate Broker

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Cape Girardeau, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Hunze

13b. MOTHER'S MAIDEN NAME: Christine Haman

14. NAME OF HUSBAND OR WIFE: Hedwig Hunze

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.: None

17. INFORMANT'S SIGNATURE OR NAME: Hedwig Hunze — ADDRESS: Cape Gir, 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Chronic Myocarditis — 3 yrs.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fell 9/12/49 & fractured nose at 12 S.G.M. — 1201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): House

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cape Girardeau - C. Gird. Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 12 '49 12 S.G.M.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-12, 1949, *to* 9-13, 1949, *that I last saw the deceased alive on* 9-12, 1949, *and that death occurred at* 2:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William F. Oehler Jr. — **23b. ADDRESS**: Cape Girardeau, Mo — **23c. DATE SIGNED**: 9-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Sept. 15, 1949

24c. NAME OF CEMETERY OR CREMATORY: Lorimier Cemetery

24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG.: 9-15-1949

REGISTRAR'S SIGNATURE: C. C. Summers 44

25. FUNERAL DIRECTOR'S SIGNATURE: Howard Haman — ADDRESS: Cape Gir, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1950

MAR 29 1950

RECEIVED 9-19-49

District Health Officer No. 4

District File Number 949-12

Date Filed

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 Howard R Hanan

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.