

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

43234

04660

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. _____	
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 _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Manchester</u>		c. LENGTH OF STAY (in this place) <u>5 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>3801 Marine Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Kunst</u> c. (Last) <u>Farrar</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>2-11-1868</u>	9. AGE (In years last birthday) <u>81</u>	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) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Karl S. Kunst</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Wellman</u>		14. NAME OF HUSBAND OR WIFE <u>*****</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl J. Stumm</u>		ADDRESS <u>2613 Potomac St</u>	
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>Chr. myocarditis & mitral regurg.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sev'l arteriosclerosis</u> DUE TO (c) <u>Paralysis agitans</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>42.21</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>422.1</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21d. (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 <u>10-22</u> 19 <u>49</u> , to <u>12-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-7</u> , 19 <u>49</u> , and that death occurred at <u>5:45 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. J. Stumm</u>			(Degree or title)		23b. ADDRESS <u>Creve Coeur, Mo</u>		23c. DATE SIGNED <u>12-9-49.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-13-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Churchyard</u>		24d. LOCATION (City, town, or county) (State) <u>7600 Rock Hill Road Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-12-49</u>	REGISTRAR'S SIGNATURE <u>Herbert W. Dambke, Md.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhens</u>		ADDRESS <u>6409 Gravois Ave</u>		

(Licenses, Embalmer's Statement on Reverse Side)

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

300

48

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 Felix Guzman

Licensed Embalmer No. 3034

P. O. Address Hickwood 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.