

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1950

State File No. 14722
2915

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 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 _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO. 2209	
c. LENGTH OF STAY (in this place) 56 YRS.		d. STREET ADDRESS (If rural, give location) 2227 MADISON STR. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2227 MADISON STR.			

3. NAME OF DECEASED a. (First) CECILIA		b. (Middle) _____		c. (Last) KUNKEL		4. DATE OF DEATH (Month) (Day) (Year) MCH 27 - 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 20 - 1869	
9. AGE (In years) 80		10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) GERMANY 4	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME ANTON MERZ		13b. MOTHER'S MAIDEN NAME OWARA HACK		14. NAME OF HUSBAND OR WIFE BRUNO KUNKEL	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bruno A Kunkel 2227 Madison St			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c):		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Mitral Regurgitation				Also 3 days 5 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ed reflexion					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (STATE) St Louis mo MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input checked="" type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR			

22. I hereby certify that I attended the deceased from May 18 19 to May 27 19, that I last saw the deceased alive on May 19, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE B. F. Striegel (Degree or title)		23b. ADDRESS 1875 Madison		23c. DATE SIGNED 3/27/50	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE MCH. 30 - 50		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM. ST. LOUIS MO.	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 28 1950 J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brockland Und. Co. 1827 HOGAN.	
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B. F. Striegel (Licensed Embalmer's Statement on Reverse Side)

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Edward J. Penelino

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.