

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

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28387

State File No. ....

Registrar's No. 7258

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....		Registrar's No. 7258			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give town or town) <b>St. Louis</b>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			2019		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Enroute St. Anthony Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5811 So. Grand Ave.</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Julius</b>		b. (Middle)		c. (Last) <b>Kunz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 26 1950</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Apr. 12, 1884</b>		9. AGE (In years last birthday) <b>66</b>		# UNDER 1 YEAR Months Days # UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sec. Treas.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Riverside Mfg. Co.</b>			11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		
13a. FATHER'S NAME <b>Julius A. Kunz</b>			13b. MOTHER'S MAIDEN NAME <b>Louisa Schmieg</b>			14. NAME OF HUSBAND OR WIFE <b>Martha C. Kunz</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Yes</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Martha C. Kunz 5811 So. Grand Blvd.</b>						
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hyperbolic Cardiovascular Disease</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Decubital ulcer</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 yr 7</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							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) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HH3X</b>							
22. I hereby certify that I attended the deceased from <b>3-20</b> , 19 <b>50</b> , to <b>8-24</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>7-28</b> , 19 <b>50</b> , and that death occurred at <b>3:00 Pm.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Ronald W. Hunt</b>				23b. ADDRESS <b>5203 Chippewa</b>				23c. DATE SIGNED <b>8-25-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 28, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>					
DATE OF MEDICAL REG. <b>AUG 26 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Basater</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Colonial Mortuary 6464 Chippewa St.</b>					

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

Dr. Martin

7258

2016

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 Harry J. Schumacher  
Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.