

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39302

DEC 15 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10971**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. LENGTH OF STAY (In this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 915 Soulard Street | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | |
| | | f. STREET ADDRESS (If rural, give location) 920 Soulard Street | |

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|-------------------------------------|-------------------------|----------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Frank | b. (Middle) A | c. (Last) Kunik | 4. DATE OF DEATH (Month) (Day) (Year) Dec 1951 |
|-------------------------------------|-------------------------|----------------------|------------------------|---|

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|--------------------|-------------------------------|--|----------------------------------|---|------------------------|----------------------|------------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2 | 8. DATE OF BIRTH Abt 1889 | 9. AGE (In years last birthday) Abt 62 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|--------------------|-------------------------------|--|----------------------------------|---|------------------------|----------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman | 10b. KIND OF BUSINESS-OR-INDUSTRY American Furnace | 11. BIRTHPLACE (State or foreign country) Chicago Ill | 12. CITIZEN OF WHAT COUNTRY? U S |
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| 13a. FATHER'S NAME Bozivoj Kunik | 13b. MOTHER'S MAIDEN NAME Ida Stepik | 14. NAME OF HUSBAND OR WIFE Mae |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mildred M Kunik | ADDRESS Chicago Ill |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? 4201 |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30 A** m., from the causes and on the date stated above.

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| 22a. SIGNATURE Patrick C. Taylor (Degree or title) Coroner | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 12.11.51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 24b. DATE 2/12/51 | 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | 24d. LOCATION (City, town, or county) (State) St Louis Missouri. |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 11 1951 Paul Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home | ADDRESS 1926 Allen Av |
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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

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.