

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10219  
Registrar's No. 2228

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

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 city or town) ST. Louis		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis 2239	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2252 Shenandoah Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2252 Shenandoah			

3. NAME OF DECEASED (Type or Print)	a. (First) Bertha	b. (Middle) ANNA	c. (Last) KUNST	4. DATE OF DEATH (Month) (Day) (Year) March 8, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 4, 1864	9. AGE (In years last birthday) 88	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Doepfert	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Fred KUNST
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Birdie KUNST 2252 Shenandoah
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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, asphyxia, 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) Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age.		
	DUE TO (c) Arterio Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) H
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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?
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22. I hereby certify that I attended the deceased from 2/1/52, 1952, to Day 7 death, that I last saw the deceased alive on March 2, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE E.H. Uelsohn	23b. ADDRESS 705 Henry Bolte Bldg St. Louis	23c. DATE SIGNED 3/9/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 11, 1952	24c. NAME OF CEMETERY OR CREMATORY N. ST. Marcus Cem.	24d. LOCATION (City, town, or county) (State) ST. Louis, Missouri
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DATE RECD BY LOCAL REGISTRAR'S SIGNATURE MAR 10 1952 J. Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. & U.C. 2929 S. Jefferson Ave
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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 J. M. Davis

Licensed Embalmer No. 3741

P. O. Address 222 Jefferson

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.