

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15899

State File No. _____
Registrar's No. 4205

FILED MAY 14 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

REG. DIST. NO. _____

| | | | |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 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>ST. LOUIS</u> | | c. LENGTH OF STAY (In this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3127 LOCUST ST</u> | | d. STREET ADDRESS (If rural, give location) <u>21 3127 LOCUST ST</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTHONY</u> b. (Middle) <u>LEO</u> c. (Last) <u>KUNKEL</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4. 22. 53</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>11-12-1884</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRINTER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>STATIONERY</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>CHICAGO ILL</u> |
| 13a. FATHER'S NAME <u>ANTHONY KUNKEL</u> | | 13b. MOTHER'S MAIDEN NAME <u>Josephine Koss</u> | 14. NAME OF HUSBAND OR WIFE <u>Billy</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>255-12-5402</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Billy Kunkel</u> ADDRESS <u>3127 Locust</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| DUE TO (b) <u>decompensated</u> | | | |
| DUE TO (c) <u>Chronic Nephritis</u> | | | |
| 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 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR <u>4222</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>April 15, 1953</u> to <u>April 22, 1953</u> , that I last saw the deceased alive on <u>April 19, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>H. J. Moore MD</u> (Degree or title) | | 23b. ADDRESS <u>917-5018</u> | |
| 23c. DATE SIGNED <u>4-22-53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4/24/53</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>APR 23 1953</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin Bell</u> | | ADDRESS <u>2707 N Grand</u> | |

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul O. Yabuh

Licensed Embalmer No. *3987*

P. O. Address *St Louis*

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.