

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15900**

FILED MAY 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2939**

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 township) OR TOWN **ST. LOUIS**

c. CITY OR TOWN **ST. LOUIS**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. JOHN HOSPITAL**

e. STREET ADDRESS (If rural, give location)  
**24 3023 Chippewa St. 2249**

3. NAME OF DECEASED (Type or Print)  
a. (First) **GEORGE** b. (Middle) **A.** c. (Last) **KUNKEL**

4. DATE OF DEATH (Month) (Day) (Year)  
**April 14 1953**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**MARRIED**

8. DATE OF BIRTH **June 18, 1889**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.  
**63**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired Railway Mail Clerk**

10b. KIND OF BUSINESS OR INDUSTRY  
**U.S. Post Office**

11. BIRTHPLACE (City and State or Foreign Country)  
**OMAHA, NEBR.**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13a. FATHER'S NAME  
**Benno Kunkel**

13b. MOTHER'S MAIDEN NAME  
**MARIA HUBER**

14. NAME OF HUSBAND OR WIFE  
**BERTHA E. EBKER**

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. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**BERTHA E. KUNKEL, 3023 Chippewa St.**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Acute Coronary Occlusion**  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**24 hours**

19a. DATE OF OPERATION  
**None**

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
**No**

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
**4201**

22. I hereby certify that I attended the deceased from **April 13, 1953**, to **April 14, 1953**, that I last saw the deceased alive on **April 14, 1953**, and that death occurred at **1:10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE  
**Bernard T. Roen** (Degree or title) **M.D.**

23b. ADDRESS  
**7755 Morganford Road, St. Louis 16, Mo.**

23c. DATE SIGNED  
**4/15/53**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**BURIAL**

24b. DATE  
**April 17, 1953**

24c. NAME OF CEMETERY OR CREMATORY  
**CALVARY CEMETERY**

24d. LOCATION (City, town, or county) (State)  
**ST. LOUIS, Mo.**

DATE REC'D BY LOCAL REG.  
**APR 15 1953**

REGISTRAR'S SIGNATURE  
**J. C. Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**BEIDERWIEDEN F. H. Inc., 1936 St. Louis Ave.**

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

Dr. Donald T. Koon  
4755 9 Morganford -  
MO 3434  
1<sup>st</sup> 6<sup>th</sup> p.m.

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. .... none working under my personal supervision..

Student..... None  
Signature of Student Embalmer

Signed..... Felix J. Krispen  
Licensed Embalmer No. .... 3497  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.