

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24824**
Registrar's No. **6043**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 38-yrs.		e. STREET ADDRESS (If rural, give location) 3515a Wyoming Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3515a Wyoming Street		16. STREET ADDRESS 3515a Wyoming Street	
3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Christine c. (Last) Kunz		4. DATE OF DEATH (Month) (Day) (Year) July 4, 1954	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH March 27, 1864
9. AGE (In years) 90 IF UNDER 1 YEAR: Months 3 Days 7 Hours 1 Min.		11. BIRTHPLACE (City and State or Foreign Country) Chester, Ill.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		12. CITIZEN OF WHAT COUNTRY? U.S.	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Andrew Singer	
13b. MOTHER'S MAIDEN NAME Theresa Bessen		14. NAME OF HUSBAND OR WIFE William F. Kunz	
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. none	
17. INFORMANT'S SIGNATURE OR NAME Miss Rose Agnes Kunz, 3515a Wyoming St.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Heart Cyphoscoliosis (curved)		DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. SIGNATURE OF PHYSICIAN <i>[Signature]</i>	

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? 4200	
22. I hereby certify that I attended the deceased from 29 June, 1954 to 4 July, 1954 that I last saw the deceased alive on 3 July, 1954 and that death occurred at 12:15 P.M. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS 1209 S 14th St, St. Louis, Mo.		23c. DATE SIGNED 7/6/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS 40 Lindell Blvd.	

DATE REC'D BY LOCAL REG. JUL 6 1954		REGISTRAR'S SIGNATURE <i>[Signature]</i>		5. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS 40 Lindell Blvd.	
(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.....
Signature of Student Embalmer

Signed.....*Francis Williamson*

Licensed Embalmer No.*356*

P. O. Address.....*384 Lind*

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.