

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25694

State File No. 1759

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1759

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>		c. CITY OR TOWN <b>Webster Groves</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>8 months</b>		e. STREET ADDRESS (If rural, give location) <b>620 Marshall Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>620 Marshall Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Jacob</b> c. (Last) <b>Kunkel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 19, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Aug. 7, 1879</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Musician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Music Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Jacob Kunkel</b>		13b. MOTHER'S MAIDEN NAME <b>Elise Beckman</b>		14. NAME OF HUSBAND OR WIFE <b>Pauline S. Kunkel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-18-426</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles J. Kunkel Webster Groves</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Infarct</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Degenerative fibrotic myocardial disease</b> <b>Arteriosclerosis</b> DUE TO (c) <b>Hypertension</b> <b>Senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>124 hrs</b> <b>DK</b> <b>DK</b> <b>DK</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myodystrophy (all muscles of body)</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Post to opera, 1954, that I last saw the deceased alive on 7/18, 1954, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John A. Rogers M.D.</b>		23b. ADDRESS <b>6693 Delmar Blvd</b>		23c. DATE SIGNED <b>7/19/54</b>	
--	--	---	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>7/20/1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>					

DATE REC'D BY LOCAL REG. <b>7/20/54</b>		REGISTRAR'S SIGNATURE <b>Richard B. Lamb</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richard F. Home Webster Groves Mo.</b>	
--	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....  
*Leslie Welch*

Licensed Embalmer No. *439*

P. O. Address *Halvater Gro*

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.