

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35600**  
**8516**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>ST LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL #1</b>		STREET ADDRESS (If rural, give location) <b>2059 S 622 N. HAMILTON</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARIAN</b> b. (Middle) c. (Last) <b>KUNKEL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPTEMBER 16, 1954</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>UNKNOWN</b>	8. DATE OF BIRTH <b>Oct 14-1890</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNKNOWN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>GRAND THEATRE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>HARRY UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>PEARL UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>UNKNOWN</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Pemberton</b>	ADDRESS <b>2331 Mulloughy</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary atherosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardiac decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>  <b>Chronic</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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? <b>4201</b>
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22. I hereby certify that I attended the deceased from **9-8**, 19**54**, to **9-16**, 19**54**, that I last saw the deceased alive on **9-16**, 19**54**, and that death occurred at **9:15a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. M. Schuster</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>1515 Lafayette</b>	23c. DATE SIGNED <b>9-17-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT-20-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>	24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>SEP 17 1954</b> <b>J. Earl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bullen-Kelly 4386 Lindell</b>
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S.P. (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 *Gene A. Hutcherson*

Licensed Embalmer No. *496*

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.