

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44281

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2850

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Pine Lawn</u>		c. LENGTH OF STAY (in this place) <u>10 YEARS</u>	c. CITY OR TOWN <u>Pine Lawn Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>6107 Charlotte Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>6107 Charlotte Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Kuntemeier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-8-1954</u>
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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>Sept. 26. 1898</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy Products</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frederick Kuntemeier</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Groellner</u>	14. NAME OF HUSBAND OR WIFE <u>Regina Kuntemeier</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-10-6502</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Regine Kuntemeier 6107 Charlotte</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rt Lung (Squamous Cell)</u>		
	ANTECEDENT CAUSES <u>(Superior Spleen Tumor Rt)</u> 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. <u>Metastases to Brain</u>			

19a. DATE OF OPERATION <u>Aug 20 '54</u>	19b. MAJOR FINDINGS OF OPERATION <u>(Squamous Cell Ca of Rt Lung apex)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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 April, 1954, to Dec 8, 1954, that I last saw the deceased alive on Dec 7, 1954, and that death occurred at 11A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert J. Mays</u>	23b. ADDRESS <u>2439 N. Grand</u>	23c. DATE SIGNED <u>12-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/11/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/10/54</u>	REGISTRAR'S SIGNATURE <u>Hebech</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. A. Stock 2117 E. Grand Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Al Motzel  
2739 N. Grand  
Fr. 1-3960

SSSI O & NHP  
MAR 14 1955

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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.. *Frank A. Moore* .....

Licensed Embalmer No. 304

P. O. Address. 2117 E. ....

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.