

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13569**
Registrar's No. **3862**

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 **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS Mo**

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 **5023 LEONA**

e. STREET ADDRESS (If rural, give location) **16 3460 OAK HILL**

3. NAME OF DECEASED
a. (First) **WILLIAM** b. (Middle) **J.** c. (Last) **KUNES**

4. DATE OF DEATH (Month) (Day) (Year) **APRIL 29 1955**

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

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

8. DATE OF BIRTH **AUG. 29 1884**

9. AGE (In years last birthday) Months Days Hours Min. **70**

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **MISSOURI**

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

13a. FATHER'S NAME **WILLIAM KUNES**

13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE _____

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 **WILLIAM KUNES 5023 LEONA**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Adenocarcinoma - section made**
ANTECEDENT CAUSES **jaund subcutaneous lymph glands**
DUE TO (b) **secondary carcinoma throat**
DUE TO (c) **body**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Primary source not determined**

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **1984**

22. I hereby certify that I attended the deceased from **4/26**, 19**55**, to **4/29**, 19**55**, that I last saw the deceased alive on **4/26**, 19**55**, and that death occurred at **6 9 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **A. J. Flagg M.D.**

23b. ADDRESS **3150 Morganford**

23c. DATE SIGNED **4/30/55**

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

24b. DATE **MAY 2 1955**

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

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

DATE REC'D BY LOCAL REG. **MAY 2 1955**

REGISTRAR'S SIGNATURE **Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kutes 2906 Morris**

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..... *James C. Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 H*

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.