

STANDARD CERTIFICATE OF DEATH

FILED MAY 26 1955

State File No. 4420 Registrar's No. 4420

318

1003

No. 300 10.48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SAINT LOUIS</b>				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SAINT LOUIS</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHRISTIAN HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>2524 Belt Avenue</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>			b. (Middle) <b>JOHN</b>			c. (Last) <b>KUNZ</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 16 1955</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>FEB. 19, 1883</b>		9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gardener</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>at City Art Museum</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Festus, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Samuel Kunz</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>LULU KUNZ</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>498-10-6595 A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Geo. Bange, 4127 Penrose, St. Louis, 15,</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>										INTERVAL BETWEEN ONSET AND DEATH <b>3 MO.</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>													
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. <b>Cancer of prostate with metastasis</b>													
19a. DATE OF OPERATION <b>5-6-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of prostate</b>								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>4200 H</b>								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>15:1 A</b>								
22. I hereby certify that I attended the deceased from <b>4-30-55</b> , 19____, to <b>5-16-55</b> , 19____, that I last saw the deceased alive on <b>5-16-55</b> , 19____, and that death occurred at <b>10:15 A</b> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>Calvin F. Feutz, M.D.</b>				23b. ADDRESS <b>607 N. Grand, St. Louis 3, Mo.</b>				23c. DATE SIGNED <b>5-17-55</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 20, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>						
DATE REC'D BY LOCAL REG. <b>MAY 19 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CALVIN F. FEUTZ, 4828 Nat'l. Bridge, 15</b>							

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 .....  
Student Embalmer

Signed Ralph C. Finders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.