

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32534

STATE FILE NUMBER

FILED OCT 10 1956

Registration District No. 312 Primary Registration District No. 531 Registrar's No. 2286

health, welfare, public service  
 300  
 -56  
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. AN  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis Missouri.</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>University City</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <b>University City</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>841 Warder Ave.</b>  |  | d. STREET ADDRESS (If outside, give location) <b>841 Warder Ave.</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Alfred</b> Middle <b>John</b> Last <b>Kunz</b>  |  | 4. DATE OF DEATH<br>Month <b>Sept.</b> Day <b>26</b> Year <b>1956</b>   |  |
| 5. SEX <b>male</b>  | 6. COLOR OR RACE <b>white</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 30, 1887</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>St. Louis Bank</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>for Cooperatives</b>  | 9. AGE (In years last birthday) <b>69</b><br>IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____<br>IF UNDER 24 HRS. _____ |
| 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Missouri.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13. FATHER'S NAME<br><b>John Kunz</b>   |  | 14. MOTHER'S MAIDEN NAME<br><b>Katherine Schmidt</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>   |  | 16. SOCIAL SECURITY NO. <b>493-36-1394</b>  |  |
| 17. INFORMANT<br><b>Mary Kunz (wife)</b>  |  | Address <b>841 Warder Ave. U. City</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Ventricular Fibrillation</b>  |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis &amp; Hypertensive Cardiovascular Disease</b>  |  |   |  |
| DUE TO (c) _____  |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                      |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |  |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <b>April 14, 1956</b> to <b>Sept. 22, 1956</b> and last saw <b>her</b> alive on <b>Sept. 22, 1956</b><br>Death occurred at <b>9:00 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE<br><b>Herbert B. Rosenbaum</b> (Degree or title) M. D.   |  | 22b. ADDRESS<br><b>Barnes Hospital</b>  | 22c. DATE SIGNED<br><b>9/26/56</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>9-28-1956</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Missouri.</b>   |
| 24. FUNERAL DIRECTOR<br><b>C.R. Lupton and Sons</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>9-27-56</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Herbert B. Rosenbaum</b>   |

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 *Clarence A. Murray*

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.