

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57-072120  
STATE FILE NUMBER

FILED JUL 1 1957

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1419

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SHREWSBURY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SHREWSBURY 4/56/0</b> 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>7413-DEVONSHIRE</b>		Length of stay in 1b <b>37 YRS</b>	d. STREET ADDRESS (If outside, give location) <b>7413 DEVONSHIRE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>ARTHUR</b>	First <b>W</b>	Middle <b>KUNTZ</b>	Last	4. DATE OF DEATH Month <b>6</b> Day <b>4</b> Year <b>57</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-1-1877</b>	9. AGE (In years last birthday) <b>79</b>	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) <b>RETIRED - CLERK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OFFICE</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13. FATHER'S NAME <b>ARTHUR W. KUNTZ</b>	14. MOTHER'S MAIDEN NAME <b>UNKNOWN - ZINGSHEIM</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>BERTHA-KUNTZ-7413 DEVONSHIRE</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio-sclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) <b>4200</b>		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from <b>1953</b> to <b>6/4/57</b> and last saw her alive on <b>6/3/57</b> Death occurred at <b>4:30 A. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>John C. Orsina MD</b> (Last name or title)	22b. ADDRESS <b>Maplewood Mo</b>	22c. DATE SIGNED <b>6/4/57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-6-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. PAULS CHURCH YARD</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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24. FUNERAL DIRECTOR ADDRESS <b>JAY-B-SMITH-MAPLEWOOD 17 MO</b>	25. DATE RECD. BY LOCAL REG. <b>6-4-57</b>	26. REGISTRAR'S SIGNATURE <b>Herbert B. Dorn MR</b>
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(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *J. Allen Davis*

Licensed Embalmer No. *1234*

P. O. Address *1234*

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.