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FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33763

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8517

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Lukes — Length of stay in Hospital: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois
b. COUNTY:
c. CITY OR TOWN: Columbia — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Robert Middle: C. Last: Kunz

4. DATE OF DEATH: Month Sept. Day 10 Year 1957

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-27-1893
9. AGE (In years last birthday): 63 — 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): banker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Columbia, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: Henry Kunz
13b. MOTHER'S MAIDEN NAME: Ida Niemeir
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. One
16. SOCIAL SECURITY NO. 337-18-3816
17. INFORMANT: Oliver Breidecker Address: Belleville, Ill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease — 10 yrs
DUE TO (c) 443 X H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of Tongue with Regional & General Metastasis
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Oct 30, 1957 to present and last saw ~~her~~ him alive on Sept 10, 1957
Death occurred at 2:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD
22b. ADDRESS 3920 Washington
22c. DATE SIGNED 9/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: Sept. 11th
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Columbia, Ill

24. FUNERAL DIRECTOR: Schneider ADDRESS: Columbia, Ill.
25. DATE RECD. BY LOCAL REG. SEP 11 57
26. REGISTRAR'S SIGNATURE [signature] MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Homer H. Dri

Licensed Embalmer No. 388

P. O. Address St. Lou

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.