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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008385
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 542

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sunset Hills</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Granite City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Peace Haven Nursing Home 4mos.</u>		Length of stay in 1b	d. STREET ADDRESS <u>3704 Nameoki Road</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MYRTLE</u> Middle <u>A. L.</u> Last <u>KUNNEMANN</u>			4. DATE OF DEATH Month <u>2</u> Day <u>21</u> Year <u>58</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-17-95</u>	9. AGE (In years last birthday) <u>62</u>	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Welfare A'ssn</u>	11. BIRTHPLACE (City and state or country) <u>Nameoki, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Christian Henry Kunnemann</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Catherine Kahle</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-36-0585</u>	17. INFORMANT <u>Ivy K. Steele</u> Address <u>3703 Nameoki Rd. Granite City, Ill.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>E sophageal Obstruction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>E pithelioma of oral mucosa (lateral aspect of tongue, rt.)</u>					<u>16 yrs.</u>
DUE TO (c) <u>= original site.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cachexia</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <u>1 Feb. '58</u> to <u>21 Feb. '58</u> and last saw <u>her</u> alive on <u>1 Feb. '58</u> Death occurred at <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John Johnstone, Jr., M. D.</u> (Degree or title)			22b. ADDRESS <u>709 West Jefferson Ave.</u>		22c. DATE SIGNED <u>21 Feb. '58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>2-21-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u> <u>Kirkwood, Mo.</u> (City or town) (State) <u>Granite City</u> <u>Illinois</u>		
24. FUNERAL DIRECTOR <u>John L. Sedlack</u> ADDRESS <u>Granite City, Ill.</u>			25. DATE RECD. BY LOCAL REG. <u>2/21/58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Rombe MD</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

leg.

JUN 23 1958

STATEMENT BY LICENSED EMBALMER

NOT

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 *John T. Loderick*
Licensed Embalmer No. 3747
P. O. Address: *Madison, Wisc.*

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.