

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016056
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

4148

300

-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers		Length of stay in lb 1 Day	d. STREET ADDRESS (If outside, give location) 917 Russell Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Fred Middle H. Last Kunst			4. DATE OF DEATH Month April Day 15 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 12, 1891		9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months 6 Days 3 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Excavator		10b. KIND OF BUSINESS OR INDUSTRY Own business		11. BIRTHPLACE (City and state or country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Charles Kunst		13b. MOTHER'S MAIDEN NAME Rose Janning		14. NAME OF HUSBAND OR WIFE Alverda Hughes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 5/18 to 6/19 1933		16. SOCIAL SECURITY NO. 499-34-1114		17. INFORMANT Edward J. Kunst 917 Russell Blvd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure DUE TO (b) Alcoholism DUE TO (c) Myocardial deficiencies PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Edema of Lung, Corrosion of Liver					INTERVAL BETWEEN ONSET AND DEATH 1 day
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.			581.1		
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 Death occurred at Apr. 14/58 to 4/15/58 and last saw her alive on Apr 15/58 at 8:40 A. M. on the date stated above; and to the best of my knowledge, from the cause stated.					
22a. SIGNATURE (Degree or title) H.M. Edinger, M.D.			22b. ADDRESS Gay S. Jefferson		22c. DATE SIGNED Apr. 15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/17/58	23c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.
24. FUNERAL DIRECTOR Gebken Quaternary 2630 Gravois Ave.			25. DATE RECD. BY LOCAL REG. APR 16 '58		26. REGISTRAR'S SIGNATURE Carl Smith MO mab

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Herbert J. Gan Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Riskward*

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.