. Health,
& Welfare
S. Public
th Service
4
S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034363
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9181

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lutheran Conv. Home — Length of stay in Ib: 2yrs.8mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5200 Itaska — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Otto Middle: C. Last: Hunze
4. DATE OF DEATH: Month Sept. Day 23 Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: July 11, 1871
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 2 Days 12 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintainence
10b. KIND OF BUSINESS OR INDUSTRY: United Bank&Trust
11. BIRTHPLACE (City and state or country): Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John Hunze
13b. MOTHER'S MAIDEN NAME: Christine Hammon
14. NAME OF HUSBAND OR WIFE: Minnie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-12-4416
17. INFORMANT: Elmer Hunze — Address: 6228 S. Kingshighway

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) Heart Failure, coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis, — Years
DUE TO (c) General Arteriosclerosis 420.1 — ration
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? YES ☐ 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 January 10, 58, to September 23 and last saw him alive on Sept. 22, 1958
Death occurred at Sept. 23, 58, 9:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm. P. Simon (Degree or title): M.D.
22b. ADDRESS: 1115 Victor Str., St. Louis, Mo. Tel. Pr. 1-0078
22c. DATE SIGNED: Sept. 24, 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept. 26, 1958
23c. NAME OF CEMETERY OR CREMATORY: St. Pauls Churchyard
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Schumacher's — ADDRESS: 3013 Meramec St.
25. DATE RECD. BY LOCAL REG.: SEP 24 58
26. REGISTRAR'S SIGNATURE: Carl Smith MD
M.J.B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
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 ..... Signed Jack Haupt
Signature of Student Embalmer

Licensed Embalmer No. 4746

P. O. Address St Louis Mo

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.