

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003183  
STATE FILE NUMBER  
2704  
Registrar's No.

FEB 4 1959

Registration District No. Primary Registration District No.

300  
-57

6  
41  
c

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) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis 2249
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2638a Chippewa
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Edward C. R. Kunz			4. DATE OF DEATH Month Day Year Jan. 19, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 21, 1925	9. AGE (In years last birthday) 33	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) Baker	10b. KIND OF BUSINESS OR INDUSTRY Midland Bakery	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward Kunz	13b. MOTHER'S MAIDEN NAME Effie Crocker	14. NAME OF HUSBAND OR WIFE Ella
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-16-1831	17. INFORMANT Mary E. Hoepfner	Address 3107 Russell
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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) Lung Abscess Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT INFORMATION RELATING TO DEATH (Not related to immediate cause of death) Following injuries suffered in collision between car operated by one Lawrence Cookson in vicinity of Hampton and Cass Ave. 140 St. January 11, 1959.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 173 Street	20c. TIME OF INJURY Hour a.m. Month, Day, Year 1:40 1 11 59 about 140 St. Jan. 11 1959.	20d. CITY, TOWN, OR LOCATION St. Louis Mo	20e. COUNTY St. Louis	20f. STATE Mo
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21. Attended the deceased from Death occurred at 840 St. to on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Death or File) John M. Russell	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1/21/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/23/59	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
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24. FUNERAL DIRECTOR WACKER-HELDERLE	ADDRESS 3634 Gravois	25. DATE RECD. BY LOCAL REG. JAN 21 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard J. Krispin* \_\_\_\_\_

Licensed Embalmer No. *3497* \_\_\_\_\_

P. O. Address *St. Louis* \_\_\_\_\_

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.