

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007248

STATE FILE NUMBER

2 1786

FILED MAR 10 1959 Registration District No. Primary Registration District No. Registrar's No.

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		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) 3 HOSPITAL OR ENROUTE CITY-HOSP #1 INSTITUTION FROM: 2504-ELLIOT-AV.		d. STREET ADDRESS 4140-GLASGOW-AV.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last HENRY HUNDELT.		4. DATE OF DEATH Month Day Year FEB. 18TH 1959	
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 AUG. 8TH 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMERLY=MEAT-CUTTER		10b. KIND OF BUSINESS OR INDUSTRY WILLIAM-BLANK-MKT.	9. AGE (In years last birthday) 70 YRS.
11. BIRTHPLACE (City and state or country) ST. LIBORY - ILL.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME HENRY - HUNDELT.		14. MOTHER'S MAIDEN NAME THERESA - BAALMANN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD-WAR #1.		16. SOCIAL SECURITY NO. 489-05-3044	17. INFORMANT Address EDNA-HUNDELT = 4140-GLASGOW-AV.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 420.1			INTERVAL BETWEEN ONSET AND DEATH
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 <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 _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 2/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE FEB. 21ST 1959	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S - CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS (COUNTY) MO.
24. FUNERAL DIRECTOR Brockland Und. Co.	ADDRESS 1827-HOGAN-ST.	25. DATE RECD. BY LOCAL REG. FEB 19 '59	25. REGISTRAR'S SIGNATURE [Signature] M. D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot carry to a death due to natural causes.

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, ~~or by~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Charles R. Padua*

Licensed Embalmer No. 4.....

P. O. Address *H. L.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.