

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019991  
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1413

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Texas</b> b. COUNTY <b>San Patricio</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Vinita Terrace</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Aransas Pass</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8046 Madison</b>		Length of stay in lb. <b>8 days</b>	d. STREET ADDRESS <b>124 So. 8th St.</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Julia A. Kunderer</b>			4. DATE OF DEATH Month <b>May</b> Day <b>21</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 26, 1879</b>		9. AGE (In years last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Jerseyville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>John Hunter</b>		13b. MOTHER'S MAIDEN NAME <b>Mathilda Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Anton G. Kunderer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Joseph Kunderer, 8046 Madison</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Anterior cholelithic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>		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 _____ 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 <b>634 N. Grand</b>	COUNTY <b>Oklahoma</b>	STATE <b>Oklahoma</b>
21. I attended the deceased from <b>Oct 22, 1958</b> to <b>May 21, 1959</b> and last saw her alive on <b>May 20, 1959</b> Death occurred at <b>7:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.				

22. SIGNATURE (Degree or title) <b>Joseph V. Fineman M.D.</b>		22b. ADDRESS <b>634 N. Grand</b>		22c. DATE SIGNED <b>May 21, 1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5-21-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Oklahoma City, Okla.</b>

24. FUNERAL DIRECTOR <b>Stiefvater Funeral Home, St. Peters, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-22-59</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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JUN 12 1958

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, ~~only~~ ....., Student Embalmer No.           working under my personal supervision.

Student                     .....  
Signature of Student Embalmer

Signed Etton R. Remelius .....

Licensed Embalmer No. 4283 .....

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.