URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 2 9 1960

-60-024685

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5543

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis,

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Length of stay in 1b

c. CITY OR TOWN NORMANDY Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri Baptist Hosp. Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4205 LAUDERDALE DR Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First BESSIE Middle V Last KUNKLER

4. DATE OF DEATH Month MAY Day 27 Year 1960

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH AUG 10 1902

9. AGE (last birthday) 57

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK

10b. KIND OF BUSINESS OR INDUSTRY KOOB BAKERY

11. BIRTHPLACE (City and state or country) ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME HENRY SCHAUB

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE HENRY KUNKLER

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. 492-20-7878

17. INFORMANT HENRY KUNKLER Address 4205 LAUDERDALE DR

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Subdural Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Vascular disease — 5 yrs

DUE TO (c) 331x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ N. ☐ Unknown

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 1950 to 5-27-60 and last saw her/him alive on May 7-60

Death occurred at 6:15 A.M. 5-27-60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] S. Pruetten, D.

22b. ADDRESS 7449 W Florissant

22c. DATE SIGNED 5-27-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE MAY 30 1960

23c. NAME OF CEMETERY OR CREMATORY ST PETER & PAUL

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR KUTIS FUNERAL HOME ADDRESS 2906 GRAVOIS

25. DATE RECD. BY LOCAL REG. MAY 28 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

71

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Eleuar Province

Signature of Student Embalmer

Licensed Embalmer No. 340 3

P. O. Address 2906 Gra

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