ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-015941
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1165

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights — Length of stay in 1b: 5 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Madison
c. CITY OR TOWN: New Douglas — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Edna Middle: T. Last: Kunz
4. DATE OF DEATH: Month: April Day: 22, Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/26/1925
9. AGE (last birthday): 35
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): Beautician
10b. KIND OF BUSINESS OR INDUSTRY: Beauty Parlors
11. BIRTHPLACE (City and state or country): Montgomery Co., Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: William Halleman
13b. MOTHER'S MAIDEN NAME: Tina Schoen
14. NAME OF HUSBAND OR WIFE: Kenneth Kunz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Kenneth Kunz Address: New Douglas, Ill.

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) Metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca cervix — 3 yrs
DUE TO (c)
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 ☒ No ☐ 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 3/25/61, to 4/22/61 and last saw her alive on 4/21/61
Death occurred at 2:00 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. F. Melick, MD (Degree or title)
22b. ADDRESS: 3720 Washington Ave St Louis Mo
22c. DATE SIGNED: 4/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-24-61
23c. NAME OF CEMETERY OR CREMATORY: LOCAL
23d. LOCATION (City, town, or county) (State): New Douglas Twp., Ill.
24. FUNERAL DIRECTOR ADDRESS: Burgett Funeral Home, New Douglas, Ill.
25. DATE RECD. BY LOCAL REG.: 4-25-61
26. REGISTRAR'S SIGNATURE: John B. Mayfly M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Not Embalmed
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.