

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

61-047267  
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3506

**FILED DEC 18 1961**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>California</u> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Glascow Village</u> <u>St. Louis County</u>		c. CITY OR TOWN <u>South San Francisco</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>442 Caithness</u>		d. STREET ADDRESS (If outside, give location) <u>218 Villageway</u>	

3. NAME OF DECEASED (Type or print) <u>GEORGE GRANT KUNGLE</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>9th</u> Year <u>1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/27/61</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Air craft</u>	11. BIRTHPLACE (City and state or country) <u>Topeka, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George G. Kungle</u>		13b. MOTHER'S MAIDEN NAME <u>Julla Mechi'</u>	14. NAME OF HUSBAND OR WIFE <u>Flavian Kungle</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>	17. INFORMANT <u>JINK</u> <u>Lupton 442 Caithness</u>
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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) <u>Cardiovascular collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Chronic Illness 8 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Severe Diabetes, Bilateral Pneumonia</u>	
	DUE TO (c) <u>Coronary Insuff; Hypertensive Cardiovasc Disease</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <u>1 PM</u> Month, Day, Year <u>Nov 24, 61</u>		

20d. INJURY OCCURRED WHILE AT WORK <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 <u>St. Louis</u>	COUNTY <u>Missouri</u>	STATE
21. I attended the deceased from <u>Nov 24, 61</u> to <u>Dec 9, 61</u> and last saw <u>him</u> alive on <u>Dec 8 1961</u> Death occurred at <u>1 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE (Degree or title) <u>Charles K. Holbrook M.D.</u>		22b. ADDRESS <u>9901 Diamond Drive</u>	22c. DATE SIGNED <u>12-11-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	23b. DATE <u>12/11/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>
24. FUNERAL DIRECTOR <u>C.R. Lupton and sons</u>	ADDRESS <u>7233 Delmar Blvd</u>	25. DATE RECD. BY LOCAL REG. <u>12-11-61</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>

Keungle  
City or Char  
Hallbrook  
9901  
LIN. 7-3300  
UN. 82111  
MON - 1 P.M.

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 Arnold W. Schoene

Licensed Embalmer No. 3864  
P. O. Address St. Louis, Mo.

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.