

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1950

State File No. 14722
2915

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 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, write RURAL and give township) ST. LOUIS.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS. MO. 2209	
c. LENGTH OF STAY (in this place) 56 YRS.		d. STREET ADDRESS (If rural, give location) 2227 MADISON STR. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2227 MADISON STR.			

3. NAME OF DECEASED (Type or Print) a. (First) CECILIA		b. (Middle)		c. (Last) KUNKEL		4. DATE OF DEATH (Month) (Day) (Year) MCH 27 - 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 20 - 1889	
9. AGE (In years, months, days) 80		10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) GERMANY 4	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME ANTON MERZ		13b. MOTHER'S MAIDEN NAME OWARA HATACK		14. NAME OF HUSBAND OR WIFE BRUNO KUNKEL	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bruno A Kunkel 2227 Madison St			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c): *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Apoplexy</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>				<i>2 days</i>	
		DUE TO (c) <i>Myocardial degeneration</i>				<i>2 days</i>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Ch reg sleep</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis mo MO</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from *May 18 19* to *Mar 27 50*, that I last saw the deceased alive on *Mar 27 50*, and that death occurred at *2:45 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>B. F. Striegel</i>		23b. ADDRESS <i>1875 Madison</i>		23c. DATE SIGNED <i>3/27/50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>MCH. 30 - 50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEM.</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO.</i>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAR 28 1950 J. B. Sasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Brockland Und. Co. 1827 HOGAN.</i>	
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B. F. Striegel (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed *Edward P. Penelino*

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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 this body is not embalmed, fact should be so stated above.