

FILED JUL 24 1943 18
Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 6315

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Crete City Supt #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution LIFE (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK GEORGE KUNDEL

3. (b) If veteran, name war NONE 3. (c) Social Security No. 497-10-0001

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married MARRIED
7. (b) Name of husband or wife LEONA KUNDEL 7. (c) Age of husband or wife if alive 35 years

8. AGE: Years 38 Months 9 Days 15 If less than one day
9. Birthplace ST LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation BAKER
11. Industry or business MERTENS BAKERY

MOTHER FATHER

12. Name BRUNO KUNDEL
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

14. Maiden name CECEZIA MERZ
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Miss Leona Kunkel
(b) Address 4629 Minnesota

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 13-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland and Co
(b) Address 1827 HOBAN STR

19. (a) JUL 12 1943 (Date received local registrar) (b) F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(d) Street No. 4629 MINNESOTA AV.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 10TH
year 1943 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from laceration of heart, when the deceased failed to make a major stop while driving his automobile and crashed into Public Service Bus, being operated by James Coats, at the intersection of Bates & Minnesota Aves., about 10:45 o'clock AM, July 10, 1943.

Other conditions ACCIDENT.
(Include pregnancy within 3 months of death)

Major findings: Of operations 170
Of autopsy 72

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT 000
(b) Date of occurrence July 10, 1943.

(c) Where did injury occur? St. Louis, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Thomas J. Callahan (M.D. or other) 3
Address Deputy Coroner Date signed 7-17-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. Allen Davis Jr.

Licensed Embalmer No..... *4053*

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