

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

1003
(a) County _____
(b) City or town St. Louis 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6246 McPherson Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Lifetime
years, months or days)

8. (a) PRINT FULL NAME Louis B. Kunkel 5248. (b) If veteran, name war not 8. (c) Social Security No. none4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Lena L. Kunkel 6. (c) Age of husband or wife if alive 67 years7. Birth date of deceased Dec 17 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 - 17 hr. _____ min.9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)10. Usual occupation Manufacturer11. Industry or business Kunkel Mfg. Co CMOTHER FATHER { 12. Name Charles Kunkel 6
13. Birthplace Singerfield Germany
(City, town, or county) (State or foreign country)14. Maiden name Elia Weber
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Thomas J. Heidbreder
(b) Address 1212 Woodland Ave17. (a) Burial (b) Date thereof Jan 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Wagoner Und Co
(b) Address 3621 Olive St.19. (a) JAN 5 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6246 McPherson Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1940 hour 9:12 minute A M.21. I hereby certify that I attended the deceased from
DEC. 1938 to Jan 40 1940
that I last saw him alive on Jan. 3 1940
and that death occurred on the date and hour stated above.Immediate cause of death uremia Duration 13 mo.Due to chronic nephritis 13 mo.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Emil M. [Signature] (M.D. or other) M.D.
Address 3720 Washington Date signed 1/5/40

FILED FEB 17 1940

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 *Meville B Trokwitter*
Licensed Embalmer No. *3696*
P. O. Address *3621 Olive St.*

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, above space should be left blank.