

Registration District No. B18

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 1 week
(Specify whether
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME Charles Walter Stunkel

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel E. Stunkel nee Leonberger 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 11, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 2 19 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer T.R.R.

11. Industry or business

MOTHER FATHER { 12. Name Walter H. Stunkel
13. Birthplace Herman Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Fisher
15. Birthplace Herman, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Snider
(b) Address 4330a N. 20th St.

17. (a) Burial (b) Date thereof 7/3/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemete: ry

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) 1111 1 1043 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4408a N. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1943 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 23, 1943, to June 30, 1943;
that I last saw him alive on June 30, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to III
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 Harol Steele (M. D. or other)
Address 1755 B. Grand Date signed 6/30/43

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 *Francis A. Williamson*

Licensed Embalmer No. *3565*

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.