

No. 300  
10-48

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33830**

REG # 104616  
DATE SEP 25 1952  
BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2338**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (In this case) <b>3 DAYS</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
		d. STREET ADDRESS (If rural, give location) <b>2739 DAKOTA STREET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>AUGUST</b>	b. (Middle) <b>F.</b>	c. (Last) <b>KUNZ</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-5-52</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-11-94</b>
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTOMOBILE</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>ENGELBERT KUNZ</b>	13b. MOTHER'S MAIDEN NAME <b>FRANCES SATAWA</b>	14. NAME OF HUSBAND OR WIFE <b>IRENE KUNZ</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>496147914</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDIAL INFARCTION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 YRS.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS OF CORONARY ARTERIES WITH THROMBOSIS</b>		
	DUE TO (c) <b>4201</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <b>NONE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <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 **9-2-52, 10 52; to 9-5-52**, the date on the document last seen by the body and that death occurred at **10:32 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph T. Kaminski, M.D.</b>	23b. ADDRESS <b>VA HOSPITAL, JEFFERSON BRKS., MO.</b>	23c. DATE SIGNED <b>9-5-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-9-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>
		24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MISSOURI</b>

DATE REC'D BY LOCAL REG. <b>9-8-52</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Donke MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>southern funeral Home</b>	ADDRESS <b>6322 S. Grand</b>
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531 (Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_  
Student Embalmer

Signed

*David Van Fossan*

Licensed Embalmer No. 4242

P. O. Address 6312 So Nevada

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.