

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6912**
Registrar's No. **1215**

FILED MAR 4 1954
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 5 days		c. CITY OR TOWN Columbia		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific				e. STREET ADDRESS (If rural, give location) 404 North METTER				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) RICHARD		c. (Last) TUNZE		4. DATE OF DEATH (Month) (Day) (Year) FEB. 6 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct. 27, 1888		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Columbia, Ill		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Richard Tunze			13b. MOTHER'S MAIDEN NAME Louise Leurich		14. NAME OF HUSBAND OR WIFE Adelia Daab			
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. 702-12-5090		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Adelia Tunze, Columbia				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201				
22. I hereby certify that I attended the deceased from Feb. 1 , 1954, to Feb. 6 , 1954, that I last saw the deceased alive on Feb 6 , 1954, and that death occurred at 6:30 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Mr. B. and Mrs. Pae Hop				23b. ADDRESS Columbia, Monroe Co. Ill.		23c. DATE SIGNED 2-8-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/8/54	24c. NAME OF CEMETERY OR CREMATORY St. Paul		24d. LOCATION (City, town, or county) (State) Columbia, Monroe Co. Ill.			
DATE REC'D BY LOCAL REG. FEB 8 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Josephine Schmidt		ADDRESS Columbia Ill.		

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 JMC....., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Josephine Schmeid.....

Licensed Embalmer No.

P. O. Address Calver.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.