WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42536

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 4017 Utah St. St. ..... Ward)

File No. .....

Registered No. 11775

2. FULL NAME Richard L. Kuenneke

(a) Residence. No. 4017 Utah St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 - 1928.

7. AGE: Years 0; Months 4; Days 25; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

PARENTS

10. NAME OF FATHER: Andrew W. Kuenneke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.
12. MAIDEN NAME OF MOTHER: Elsie Dorflinger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

14. INFORMANT: Andrew W. Kuenneke
(Address) 4017 Utah St.

15. FILED ....., 19.. Max C Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 3 - 1928.

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1928, to Dec 3rd, 1928 that I last saw him alive on Dec 2, 1928, and that death occurred, on the date stated above, at 2:A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Broncho Pneumonia
Secondary
157C
109A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pulmonic Stenosis
(Congenital) (duration) yrs. 4 mos. 25 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 157C2

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam.

(Signed) Paul R. Hoyelman, M. D

12/3, 1928 (Address) 3507 Potomac St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lakewood Pk.
DATE OF BURIAL: 12/4 1928

20. UNDERTAKER: Ziegenhein Bros. 2653
ADDRESS: Cherokee