

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

Do not use this space.

33352

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near Farmington, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 112

2. FULL NAME Conrad Kuendinger
 (a) Residence, No. Marble Hill, Mo. St. _____ 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** Single
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 60

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME John Kuendinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margarite Kinsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hospital Records
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hospital Cemetery DATE 10-11, 1932

19. UNDERTAKER Hospital No 4 Farmington Mo
 (ADDRESS)

20. FILED 10-11-1932 V. J. Robinson
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1929 to Oct 10, 1932
 I last saw him alive on Oct 9, 1932 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
131
821A
97 131
 Other contributory causes of importance:
hypertensive sclerosis
and chronic interstitial nephritis

Name of operation none Date of _____
 What test confirmed diagnosis? clinical & path there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) P. S. Tate, M. D.
 (Address) Hosp. #4 Farmington Mo.

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.

NOV 28 1932

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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