

S. No. 2
—11-10-39
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9198
Registrar's No. 2681

Registration District No. 791

Primary Registration District No. 1003

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

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

8. (a) PRINT FULL NAME Mary Kuenzel
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anton Kuenzel 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April 19th, 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Dont Know-Krebs
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arlene Seale
(b) Address 3503 Bailey Ave.

17. (a) Cremation (b) Date thereof 3-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Parrott and Co.
(b) Address 3710 N. Grand Blvd.

19. (a) MAR 28 1940 (b) J. B. Beidock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3503 Bailey Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st.
year 1940 hour 5.30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Fracture of skull with laceration of brain. Fract right hip, right leg, left shoulder. (Duration)

Due to Struck by auto while crossing street Sadman
Blown by burst tire
On condition of Member
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Abmt 7:45 P.M. Mar. 19-
Of autopsy Accident
Understand the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Mar 19 1940
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public Place
While at work? No (Specify type of place)
(If yes, state means of injury) Auto

23. Signature Mat J. H. Brown (M. D. or other) _____
Address _____ Date signed 3

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 me

working under my personal supervision.

Registered Apprentice No. _____

Signed Robert L. Dinkema

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand St

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, above space should be left blank.