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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30352**

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **7629**

FILED OCT 25 1940

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: **2655 Oregon Ave.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ **2**
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis** **24**
(If outside city or town limits, write "RURAL")

(d) Street No. **2655 Oregon Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **JOHN D. KUENNEKE**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Eva**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 29 1875**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|-----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| 64 | 11 | 12 | hr. _____ min. _____ |

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

MOTHER FATHER

12. Name **August Kuanneke**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Soenker**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Kuenneke**

(b) Address **2655 Oregon Ave.**

17. (a) **Burial** (b) Date thereof **Sept. 12, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lakewood Park Cemetery**

18. (a) Signature of funeral director **J. A. Hubben, Lic. + Und. Co.**

(b) Address **2630 Gravois Ave.**

19. (a) **SEP 11 1940** (b) **J. J. Braddock**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **10** year **1940** hour **8** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **June 14, 1940** to **Sept 10, 1940** that I last saw him alive on **Sept 6, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regurgitation of Heart**

Duration **4 mo**

Due to _____

Due to **92a**

Other conditions **92a**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline 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) _____

(b) Date of occurrence _____

Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (c) Means of injury

Signature **J. M. Dummer** (M. D. or other) _____

Address **3014 S. Jefferson** Date signed **Sept 11 1940**

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John H. Fetter

Licensed Embalmer No.

3880

P. O. Address:

St. Louis, Mo.

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.