

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 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:  
Home of the Friendless  
 (If not in hospital or institution, write street number or location) 3  
 (d) Length of stay: In hospital or institution 18 years  
 (Specify whether \_\_\_\_\_)  
 In this community Life  
 years, months or days)

3. (a) PRINT FULL NAME Mary E. Kuehnemundt

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Maxmullen Kuehnemundt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Jan 14 1851  
(Month) (Day) (Year)8. AGE: Years 89 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business At Home12. Name Benjamin Charles13. Birthplace Ohio  
(City, town, or county) (State or foreign country)14. Maiden name Julia -- Unknown15. Birthplace Ohio  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature H. A. Horn(b) Address 3950 Forest Park17. (a) Burial (b) Date thereof 9/17/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine18. (a) Signature of funeral director Alexander, son.(b) Address 6175 Delmar19. (a) SEP 18 1940 (b) J. P. Pradeck  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 15  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4431 So. Broadway  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? Life years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14  
year 40 hour 8 minute 45 P. M.21. I hereby certify that I attended the deceased from 8-10-40  
\_\_\_\_\_, 19\_\_\_\_, to 9-14-, 1940  
that I last saw her alive on 9-10-, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death arteriosclerosis  
chronic myocarditisDuration  
5 yrs  
2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) 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)  
(e) Means of injury \_\_\_\_\_23. Signature Geo. A. Seib (M. D. \_\_\_\_\_)Address 2873 Lafayette Ave Date signed 9/15/40

J. Geo. A. Leib-  
2323 Lafayette  
Pr. 2323

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**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 Jos. E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 617 S. Delmar

**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.**