No. 2
4-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34864

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1131

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1720 South 12th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days) 2
In this community 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1720 South 12th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 17 years.

3. (a) PRINT FULL NAME Fred Henry Kueker
3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emilie
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased December 27 (Month) 1855 (Day) (Year)

8. AGE: Years 84 Months 9 Days 26 If less than one day ___ hr. ___ min.

9. Birthplace Hanover (City, town, or county) Germany (State or foreign country) 6
10. Usual occupation Retired 6
11. Industry or business Blacksmith 6

FATHER
12. Name Henry Kueker
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown Elbelt
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Emilie Kueker
(b) Address 1720 South 12th, St. Joseph, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri
19. (a) Oct 26 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1940 hour 12 minute 30 p. M.
21. I hereby certify that I attended the deceased from Jan 3, 1940, to Oct 23, 1940; that I last saw him alive on Oct 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Glomerular Nephritis	unknown
Due to Chronic Hypertension	unknown
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
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 ✓
(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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature Gustav A Lau (M. D. or other) MD
Address Kirkaptrick Bldg. St. Joseph, Missouri Date signed 10/24-40

(Licensed Embalmer's Statement on Reverse Side)

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 W H Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.