

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
791 1003

State File No. 37342
9615
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 5052 Munerva
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

FILED DEC 21 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 6
(d) Street No. 5052 Munerva
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1940 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from Nov 22, 1940
to Nov 22, 1940
that I last saw him alive on Nov 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Aneurysm - No stones

Due to Senility

Due to _____

Other conditions _____
(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? _____
(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 Chris L. Horney (M. D. or other) _____
Address 5200 1/2 Page av. Date signed 11-22-40

Duration 6 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

William J. Kenuak

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Elizabeth Kenuak 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 2 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Foreman

11. Industry or business Kunze Excavating Co.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant William J. Kenuak Jr.

(b) Address 5052 Munerva

17. (a) Burial (b) Date thereof 11-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1325 Union Blvd.

19. (a) NOV 23 1940 (b) J. F. Redish
(Date received in Registrar's office) (Registrar's signature)

Page 4 Cleveland
No. 6502

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 Bernard J. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Union Blk.

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.