

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

RECEIVED OCT 18 1941
791

STANDARD CERTIFICATE OF DEATH

State File No. 29996

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 7335

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: 2653a Gravois
(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)

3. (a) PRINT FULL NAME. Mary Kuenke

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced. Widow

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased. March 9 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name John Schmitz

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

14. Maiden name Don't know

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

16. (a) Informant Marie E. Kuenke

(b) Address 2653a Gravois Avenue

17. (a) Burial (b) Date thereof 9/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director John H. Beckler
2630 Gravois

(b) Address _____

19. (a) SEP 11 1941 (b) J. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2653a Gravois Avenue 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 9,
year 1941 hour 2: minute / P. M.

21. I hereby certify that I attended the deceased from 9/11
_____ 1941 to _____ 1941
that I last saw h. er alive on 9/9 _____ 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis years

Due to arterio sclerosis years

Other conditions Senile Debility
(Include pregnancy within 3 months of death)

Major findings: Of operations 9/9 9:30

Of autopsy _____

Duration _____ years

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? _____

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

23. Signature J. W. Fisher (M. D. or other) _____
Address 2409 California Date signed _____

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 Robert T. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Avenue

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.