

FILED SEP 8 1942

Registration District No. 754

Primary Registration District No. 111

Registrar's No. 1675

96
8
3

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

1. PLACE OF DEATH: **St. Louis**

(a) County: **St. Louis**

(b) City or town: **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Marys Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 Weeks**
(Specify whether)

In this community **Birth**
years, months or days

3. (a) PRINT FULL NAME: **THOMAS VINCENT KUENZ,**

3. (b) If veteran, name war: **None**

3. (c) Social Security No.: **None**

4. Sex: **Male**

5. Color or race: **White**

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: **May 31, 1940**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 2 | 2 | 9 | hr. min. |

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

10. Usual occupation: _____

11. Industry or business: **Child**

MOTHER FATHER { 12. Name: **Raymond B. P. Kuenz**

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

{ 14. Maiden name: **Frances V. Michalka**

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

16. (a) Informant: **Raymond B. P. Kuenz**

(b) Address: **2028 East Gano Avenue**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof: **8/8/42**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Calvary Cemetery**

18. (a) Signature of funeral director: **Math. Hermann & Son**

(b) Address: **2161 East Fair Avenue**

19. (a) **AUG 7 - 1942** (Date received local registrar)

(b) *[Signature]* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State: **Missouri** (b) County: **17**

(c) City or town: **St. Louis** **9**
(If outside city or town limits, write "RURAL")

(d) Street No.: **2028 East Gano Avenue**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG** day **7** year **42** hour **6** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **JAN-25** 19**42** to **AUG 7** 19**42**

that I last saw him alive on **AUG 7** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death: **CARCINOMA OF LEFT LUNG**

Due to: _____

Due to: **47d**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **Metastatic carcinoma (ENDOMETRIOMA)**

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged anatomically.

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: *[Signature]* (M. D. or other)

Address: **4119 W. 7th Street** Date signed: **8/8/42**

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

William G. Buehler

Licensed Embalmer No

2110

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.