S. No. 2
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X32878

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8449

State File No. .....

FILED MAR 30 1949

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2731

1. PLACE OF DEATH:

(a) County .....

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BARNES HOSPITAL
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town MAPLEWOOD N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 2028 ALAMEDA
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Cecilia Magdelyn Kaenter

3. (b) If veteran, name war .....

(c) Social Security No. 494-01-2189

4. Sex FEMALE | 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 JUNE (Month) 26 (Day) 1886 (Year)

8. AGE: Years 56 | Months 8 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation STENOGRAPHER

11. Industry or business ST. LOUIS MAZDA LAMP

FATHER
12. Name EMIL J. KAENTER
13. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name EMMA ROSENTHAL
15. Birthplace ST. LOUIS, (City, town, or county) MO. (State or foreign country)

16. (a) Informant LEO F. KAENTER
(b) Address 2028 ALAMEDA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director M. J. Gogan
(b) Address 7146 Manchester Ave.

19. (a) MAR 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20 year 1943 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from MARCH 18, 1943 to MARCH 20, 1943; that I last saw him alive on MARCH 20, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic heart disease	
Due to Contributory: Embolism of femoral artery	
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 H. R. Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 3/20/43

(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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address .....

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.