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PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
D APR 19 1943 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 3314

Registration District No. _____ Primary Registration District No. 1003

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:
Missouri Baptist Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 93
(d) Street No. 6233 Arsenal
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RICHARD L. KOUNS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 7
year 1943 hour 9 minute 35 A. M.
21. I hereby certify that I attended the deceased from 1934
_____, 19____, to April 7, 1943
that I last saw him alive on April 6, 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race O
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 22 1942
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis
Due to Decompensation
Due to Senility
Other conditions (Include pregnancy within 3 months of death) None
Major findings: None
Of operations _____
Of autopsy None

8. AGE: Years Months Days If less than one day
80 4 15 _____ hr. _____ min.

9. Birthplace Callaway County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired merchant

11. Industry or business own store

12. Name Clarence F. Kouns

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

14. Maiden name Cather Hord

15. Birthplace Callaway County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Bauer

(b) Address 6233 Arsenal

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 4 10 43
(Month) (Day) (Year)

(c) Place: burial or cremation Cathedral Cem. Bond Mo

18. (a) Signature of funeral director Schradler Funeral Home
(b) Address Ballerin Mo

19. (a) APR 8 1943 (Date received local registrar) J. F. Buddeck (Registrar's signature)

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) None
(b) Date of occurrence _____
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Proctor Hall (M. D. or other) MB
Address 3402 Lafayette Date signed 4/7/43

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

MOTHER FATHER

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 J. Hiron
Licensed Embalmer No. 4319
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.