

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5400 Milentz /
(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) 49 Years

3. (a) PRINT FULL NAME Herman E. Kuenne

3. (b) If veteran, name war None 3. (c) Social Security No. 489-01-9471

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased January 7 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 4 16 hr. _____ min.

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

10. Usual occupation Auditor

11. Industry or business Glass Company

12. Name Gustave Kuenne

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

14. Maiden name Ida John

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

16. (a) Informant Clara Kuenne

(b) Address 5400 Milentz

17. (a) Burial (b) Date thereof 5-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) MAY 25 1943 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town City of St. Louis 17
(If outside city or town limits, write "RURAL") 97
(d) Street No. 5400 Milentz
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23 rd
year 1943 hour 8 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 20 th, 1943, to May 23 rd, 1943
that I last saw him alive on May 23 rd, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 hrs
Duration _____

Due to arterial sclerosis (hypertension) 1/2 year

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy same as above

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) (a) Means of injury _____

23. Signature Burton Bohannon (M. D. or other) _____
Address 2602 S. Grand Date signed 5/23/43

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.....

Virgil L. Boyman

Licensed Embalmer No. *4018*

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.