

FILED FEB 27 1944

Registration District No. 25

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
 (b) City or town CAPE GIRARDEAU
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
135 S. ELLIS ST. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 25 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU
 (c) City or town CAPE GIRARDEAU
 (If outside city or town limits, write "RURAL")
 (d) Street No. 135 S. ELLIS
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 8
 year 1944 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from
Jan 8 - 1944 to Jan 8 - 1944
 that I last saw him alive on Jan 8
 and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris Duration 1/2 hour
 Due to did not treat patient
previously and was gasping
 Due to for breath when arrived.

Other conditions: _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations: 94 1/2
 Of autopsy: none made
 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: 3
 23. Signature: G. B. Schulz (M. D. or other)
 Address: Cape Girardeau, Mo. Date signed: 1/10/44

3. (a) PRINT FULL NAME PAUL J. KUENNERT
 3. (b) If veteran, name war WORLD WAR #1
 3. (c) Social Security No. 409-05-4847

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MARIE KUENNERT 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased: OCT 21 1893
 (Month) (Day) (Year)

8. AGE: Years 30 Months 2 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace ALTENBURG MO 0
 (City, town, or county) (State or foreign country)

10. Usual occupation SALE WORKER

11. Industry or business _____

MOTHER FATHER { 12. Name JULIUS G. KUENNERT
 13. Birthplace ALTENBURG MO 0
 (City, town, or county) (State or foreign country)
 14. Maiden name EMMA SCHMIDT
 15. Birthplace ALTENBURG MO 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Eldor P. Kuehnert
 (b) Address 135 So Ellis St Cape Gir. Mo.
 17. (a) BURIAL (b) Date thereof: JAN 12 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Wm. G. Gentry
 (b) Address Cape Girardeau Mo
 19. (a) 1-12-44 (b) G. W. Phelps
 (Date received local registrar) (Registrar's signature)

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

16
1
4

1314

FEB 3 1944
FEB 9 1944

RECEIVED

District Health Officer No. 4
District File Number 144-3261
Date Filed 1-25-44

FEB 7 1944

FEB 16 1944

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.....

C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.