V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25703

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1557

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hosp. D.O.A.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Pond 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Richard Kuenz
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced ---0---
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 12, 1937 (Month) (Day) (Year)

8. AGE: Years 6 Months 9 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER 12. Name Richard W. Kuenz
FATHER 13. Birthplace St. Louis Mo. 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Frances V. Michalka
MOTHER 15. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Raymond B. Kuenz
(b) Address Pond, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) JUL 22 1944 (Date received local registrar) (b) E. S. McDaran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1944 hour 4:42 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowned while wading in a pond. — Duration
Due to Drowning.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy No.

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) Accident 096
(b) Date of occurrence July 19, 1944
(c) Where did injury occur? Pond, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pond on farm. (Specify type of place)
While at work (e) Means of injury 3
23. Signature N. S. Breyfogle Deputy Coroner (Official capacity or title)
Address Clayton, Mo. Date signed 7-20-44

(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 Gustav W. Dieterle

Licensed Embalmer No. 4329

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.