

FILED SEP 8 1944

State File No.

7519

Registration District No.

Primary Registration District No.

7003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Infirmery  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year-5 months  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME HENRY KUENEKE

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex male 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 3 22 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 5 5 hr. min.

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

10. Usual occupation Laborer

11. Industry or business -

MOTHER FATHER  
12. Name Berney Kueneke  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Mary Hilden  
15. Birthplace St. Louis (City, town, or county) No. (State or foreign country)

16. (a) Informant Win. Windsheimer

(b) Address 5800 Arsenal, St.

17. (a) Burial (b) Date thereof 8-31-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Jas Ryan

(b) Address 5800 Arsenal

19. (a) UG 30 10 4 (b) J. F. Bredsch  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal St. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country o

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th; year 1944 hour 12:30 minute A.M. M.

21. I hereby certify that I attended the deceased from 3-19-43 to 8-27-44; that I last saw him him alive on August 27th; 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomalacia Duration

Due to cerebral arteriosclerosis

Due to 88

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 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) (e) Means of injury

23. Signature Dr. Maxwell (M. D. or other)  
Address 5800 Arsenal St. Date signed 8-28-44

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

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**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.....

Licensed Embalmer No.....

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.**