

FILED SEP 28 1944

State File No. _____

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 140

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

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 yrs. 4 mos.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Maplewood
(If outside city or town limits, write "RURAL")
 (d) Street No. 7539 Weaver Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ROBERT KUHNHENN
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 11,
 year 1944 hour 2 minute 00 P. M.

4. Sex Male 5. Color or race W.
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife None (c) Age of husband or wife if alive 16 years
 7. Birth date of deceased: February (Month) 16 (Day) 1902 (Year)

21. I hereby certify that I attended the deceased from March 20, 1944 to August 11, 1944;
 that I last saw him alive on August 11, 1944,
 and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 5 Days 25
 If less than one day _____ hr. _____ min.

Immediate cause of death Cachexia
 Duration 4 mos.

9. Birthplace Webster Groves, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Landscape Gardening

Due to Pulmonary T.B.C. 8 mos
 Due to _____

11. Industry or business _____
 12. Name Louis Charles Kuhnenn
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Weinacht
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy No autopsy.

16. (a) Informant Records State Hospital No. 4
 (b) Address Farmington, Missouri
 17. (a) Burial (b) Date thereof 8-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Park Hill Cem., St. Louis, Mo.
 18. (a) Signature of funeral director Jay B. Smith Undertaker
 (b) Address 7456 Manchester, Maplewood, Mo.
 19. (a) 8-24-44 (b) Joseph Johnson
(Data received local registrar) (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) _____
 (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 _____
 23. Signature David Bashaw (M. D. or other) _____
 Address State Hosp #4 Date signed 8-13-44

RECEIVED

District Health Officer No. 4
District File Number 944-4365
Date Filed 9-21-44

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 me

working under my personal supervision.

Registered Apprentice No. _____

For Miller Burial
C. J. Gray

Signed _____

Licensed Embalmer No. 3527

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.