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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22187

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6380

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5530 Lansdown Ave 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HOB

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5530 Lansdown Ave 9 14
(If rural, give location) 1

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jacob Kuenzel

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male B

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline M

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June (Month) 1 (Day) 1860 (Year)

8. AGE: Years 85 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

10. Usual occupation Retired

11. Industry or business QuickMeal Stove Co

FATHER
12. Name Unknown
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

16. (a) Informant Pauline M Kuenzel
(b) Address 5530 Lansdown Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 25 (Day) 45 (Year)
(c) Place: burial or cremation St. Pauls Church Yard

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) JUL 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1945 hour 7.50 PM minute M.

21. I hereby certify that I attended the deceased from June 30, 1945 to July 21, 1945
that I last saw him alive on July 19 45, 19
and that death occurred on the date and hour stated above.

Immediate cause of deaths Cardiac Failure
Due to Arteriosclerosis Senile
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

97

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 D. Vandover (M. D. or other) M.D.
Address 3115 S. Grand Date signed 7/23/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Van Dover Dickman Blg

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 Edwin M Dennett

Licensed Embalmer No. 5024

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.