

S. No. 2
M-543
v. 5-17-39
I X36671

6918

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF THE CENSUS

State File No. _____

FILED MAR 12 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 50

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:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yrs. 9 mos. 20 das.
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94
(c) City or town St. Louisburg 0
(If outside city or town limits, write "RURAL")
(d) Street No. 54867-Oldenburg Ave. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SIEGFRIED KUENG

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Isabelle Kueng 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 18, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>14</u>	hr. _____ min.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Joseph Kueng

13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 2-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director J.L. Ziegenheim.

(b) Address 7027 Gravois Ave., St. Louis Mo.

19. (a) Feb. 6 1946 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2
year 1946 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from
April 1, 1925 19____ to Feb. 2, 1946 19____;
that I last saw him alive on Feb. 2, 1946 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 min.

Due to _____
Due to _____

Other conditions Chronic Psychosis 20 yrs
(Include prominently within 3 months of death)

Major findings:
Of operations _____
Of autopsy No autopsy

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 [Signature] (M. D. or other) _____
Address Farmington Date signed 2/2/46

287

(Licensed Embalmer's Statement on Reverse Side)

4
346-1846
3-11-46

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address. Overland 14 M

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.