. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25725

Primary Registration District No. 1003

Registrar's No. 6774

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 911 S. SKINKER
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 911 S. SKINKER 9
(If rural, give location) 5 0

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

If yes, name country

3. (a) PRINT FULL NAME MINNIE KIENER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife August KIENER

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

7. Birth date of deceased Sept (Month) 1 (Day) 1861 (Year)

8. AGE: Years 85 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business NONE

MOTHER FATHER

12. Name BECK

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

14. Maiden name UNKNOWN

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

16. (a) Informant HARRY J. KIENER

(b) Address 911 S. SKINKER

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-21-47 (Month) (Day) (Year)

(c) Place: burial or cremation NEW St. MARCUS Cem

18. (a) Signature of funeral director A. Kieu & U. Co

(b) Address 2707 N. Grand

19. (a) JUL 18 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1947 hour 11 minute 9 A. M.

21. I hereby certify that I attended the deceased from Oct 10, 1945, to July 16, 1947, that I last saw her alive on July 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia left lung	6-1-47
Chr. Myocarditis	
Due to Arteriosclerosis	
Due to senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy No

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence No

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

While at work? No (e) Means of injury No

23. Signature Henry C. Thayer (M. D. or other) MD

Address 5 O. G. H. Brand Date signed 7-18-47

Jefferson City Printing Co.

(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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.