

S. No. 2
1-9-4-41
5-17-39
X29404

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34327

State File No. _____

Registrar's No. 9526

FILED NOV 12 1948

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH: **ST. LOUIS, MO.**
 (a) County _____
 (b) City or town **ST LOUIS**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital **3622 KEO KOK. 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 **MISSOURI** (b) County **ST LOUIS**
 (c) City or town **ST LOUIS** 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3622 KEO KOK.** 9
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **ARTHUR L. KAENTER**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month **10** day **30**
 year **1948** hour **11** minute **P.** M.
 21. I hereby certify that I attended the deceased from **Oct** 1947 to **October 30** 1948
 that I last saw him alive on **Oct 29** 1948
 and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **S.U.**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **July 22 - 1917**
 (Month) (Day) (Year)

Immediate cause of death **Tuberculosis of larynx and lungs**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) **1/2**
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years **31** Months **3** Days **8** If less than one day _____ hr. _____ min.
 9. Birthplace **ST LOUIS MO** (City, town, or county) (State or foreign country)
 10. Usual occupation **NONE**

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

MOTHER FATHER
 11. Industry or business _____
 12. Name **FRED W. KAENTER**
 13. Birthplace **ST LOUIS MO** (City, town, or county) (State or foreign country)
 14. Maiden name **ANNA GOERE**
 15. Birthplace **ST LOUIS MO** (City, town, or county) (State or foreign country)
 16. (a) Informant **ANNA KAENTER**
 (b) Address **3622 KEO KOK.**
 17. (a) **Burial** (b) Date thereof **11-3-1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Park Lawn Cem**
 18. (a) Signature of funeral director **John Bummell F. W.**
 (b) Address **3819 S. Grand Blvd.**
 19. (a) **NOV 3 1948** (b) **J. B. Passler**
 (Date received local registrar) (Registrar's signature)

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) Means of injury _____
 23. Signature **R. B. ...** (M. D. or other) _____
 Address **3203 S. Grand** Date signed **11-2-48**

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.....

J. Allen [Signature]
Licensed Embalmer No. *4088*

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.