

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 2892

811

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		96			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 6532 Etzel Ave.,					
3. NAME OF DECEASED (Type or Print) a. (First) MARTIN		b. (Middle) R.		c. (Last) KIENKER		4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1949!			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 30, 1862.			
9. AGE (In years, last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		IF UNDER 1 MIN. Hour Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Rudolph Kienker			13b. MOTHER'S MAIDEN NAME Whelmine Dothage			14. NAME OF HUSBAND OR WIFE Mary Kienker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola McNelly;			ADDRESS 6532 Etzel Ave.,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis.				INTERVAL BETWEEN ONSET AND DEATH 2 days.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis.					
				DUE TO (c) 234882					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1-23- , 19 49 , to 1-25- , 19 49 , that I last saw the deceased alive on 1-25- , 19 49 , and that death occurred all 0.15 P.M. from the causes and on the date stated above.									
23a. SIGNATURE J. B. Lasater (Degree or title) Sm. D. U.				23b. ADDRESS 608 Kingsland.			23c. DATE SIGNED 1-27-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 29/49.		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Holstein, Missouri.			
DATE REC'D BY LOCAL REG. JAN 27 1949		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark, ADDRESS 1125 Hodiament Ave.,				

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

U.R.

Dr. G. J. Fuchs
608 Kingsland Ave.,
1:30--6 P.M.
CA. 8400

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Clement M^cNeary
.....
Licensed Embalmer No. 3732

Signed.....
Student Embalmer

P. O. Address St. Louis, Mo.

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.