

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31695**
7846
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY WILLARD			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST LOUIS)		c. LENGTH OF STAY (in this place) 5 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) WILMINGTON		OR TOWN 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL				d. STREET ADDRESS (If rural, give location) 523 COUNTY ROAD 5 N			
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES		b. (Middle) WILLIAM		c. (Last) CUNO	
4. DATE OF DEATH		(Month) SEPT		(Day) 9		(Year) 1949	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC 16 1876	
9. AGE (In years last birthday) 72		if UNDER 1 YEAR Months _____ Days _____		if UNDER 1 Hrs. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHEM. ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY GROA AUTHORITY		11. BIRTHPLACE (State or foreign country) ST LOUIS		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME CHARLES F CUNO		13b. MOTHER'S MAIDEN NAME HELEN HECKLEMAN		14. NAME OF HUSBAND OR WIFE EDITH N CUNO			
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. 492-10-9784		17. INFORMANT'S SIGNATURE OR NAME Mrs. Char. W. Cuno		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis, chronic, Uræmia				INTERVAL BETWEEN ONSET AND DEATH 4 WKS	
		ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Bladder metastatic				6 mo.	
		DUE TO (c) _____					
		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 checked="" 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) 523			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 10 IX			
22. I hereby certify that I attended the deceased from 8-8 1949, to 9-9 1949, that I last saw the deceased alive on 9-8 1949, and that death occurred at 3:34 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Chas. Cannon (Degree or title) M.D.				23b. ADDRESS 607 N. Grand St. Louis		23c. DATE SIGNED 9-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 9-10-1949		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
DATE REC'D BY LOCAL HEALTH DEPT. SEP 10 1949		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE Roberts and Co. Mortuary		ADDRESS Roberts and Co. Mortuary	

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

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.

Student
Student Embalmer

Signed *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Walster Groves N*

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.