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FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **10981**

| | | | |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| 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 St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6442 Lindenwood Ave. | | d. STREET ADDRESS (If rural, give location) 14 - 6442 Lindenwood Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Hortensia b. (Middle) c. (Last) Kuenker | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1949 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 15, 1865 |
| 9. AGE (In years last birthday) 84 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) New York, N. Y. |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Vogel | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Ernst Kuenker | |
| 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. No | |
| 17. INFORMANT'S SIGNATURE OR NAME Miss Josephine Kuenker | | ADDRESS 6442 Lindenwood | |
| 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) Arterio sclerotic Cardiac disease INTERVAL BETWEEN ONSET AND DEATH 12 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephros sclerosis DUE TO (c) Arterio sclerotic | |
| 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 checked="" 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) 97 | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21:00 | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 21:00 | |
| 22. I hereby certify that I attended the deceased from Jan 2 , 19 48 , to Dec 20 , 19 49 , that I last saw the deceased alive on Dec 20 , 19 49 , and that death occurred at 12:00P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE T. D. Baylors | | (Degree or title) | |
| 23b. ADDRESS 1815 Felicity 7th Floor | | 23c. DATE SIGNED 12/21/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 23, 1949 | |
| 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL REG. DEC 22 1949 | | REGISTRAR'S SIGNATURE J. B. Rosater | |
| 25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister | | ADDRESS 6464 Chippewa St. | |

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

Dr. Blacklock
9209 Miles
FL 1816

Handwritten mark

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

Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.