

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40260

State File No.

REC'D DEC 8 - 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3867

1. PLACE OF DEATH a. COUNTY <u>St Louis</u> <u>4000</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u> <u>4820</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Lavina & Musick Rds</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lavina & Musick Rds</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Frieda</u> c. (Last) <u>Kuehner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1951</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>Nov 15, 1876</u>		9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Germany</u> <u>4</u>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Louis Gnauck</u>		13b. MOTHER'S MAIDEN NAME <u>Ernestine Starke</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norma C Wilson R14 Box241 Affton</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>?</u>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4500</u>	
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 Nov 25, 1951, to Nov 29, 1951, that I last saw the deceased alive on Nov 28, 1951, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. E. G. Lauer M.D.</u>		23b. ADDRESS <u>35469 Union St. Linn Mo</u>		23c. DATE SIGNED _____	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/1/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Lucas Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sappington, Mo.</u>	
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DATE REC'D BY LOCAL REG <u>11-30-51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Dandridge</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L Ziegenhein & Sons 7027 Gravois</u>	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed: *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address, *7027 Gravois*

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.