

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36553

9543

NOV 12 1952

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 <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN BROS. Hosp. 24</u>		d. STREET ADDRESS (If rural, give location) <u>2909 WYOMING</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUDWIG</u> b. (Middle) <u>-</u> c. (Last) <u>KEUNE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 15 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 1874</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CIGAR WORKER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>FRANZ KEUNE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY RASCHE</u>	
14. NAME OF HUSBAND OR WIFE <u>CLARA KEUNE (DEC'D)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND ADDRESS <u>CARMEN STENDEL PALOS HGHTS, ILL.</u>	
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) <u>CEREBRAL HAEMMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERAL ARTERIO-SCLEROSIS.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTENSION</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>	
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) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		<u>331X</u>	
22. I hereby certify that I attended the deceased from <u>August 24 1952</u> to <u>Oct. 15</u> , 1952, that I last saw the deceased alive on <u>Oct 15</u> , 1952, and that death occurred at <u>3A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Julius G. Has. Ratter</u>		23b. ADDRESS <u>2603 Glenwood St</u>	
23c. DATE SIGNED <u>10-15-52.</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>OCT. 18 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Thomas Kutis 2906</u>	
DATE REC'D BY LOCAL REG. <u>OCT 16 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 James L. Hill

Licensed Embalmer No. 43479

P. O. Address 2906 James

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.