

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **17202**
4365

BIRTH NO. **33142-84** 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 **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **Incarinate Word Hospital**

e. STREET ADDRESS (If rural, give location) **3 5925a Southwest Ave. 20890**

3. NAME OF DECEASED
(Type or Print) a. (First) **ROBERT** b. (Middle) _____ c. (Last) **KUENZLE**

4. DATE OF DEATH (Month) (Day) (Year) **May 15, 1954**

5. SEX **Male** **6. COLOR OR RACE** **W** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **NB**

8. DATE OF BIRTH **May 15, 1954** **9. AGE** (In years last birthday) **10** **11. BIRTHPLACE** (City and State or Foreign Country) **St. Louis, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none** **10b. KIND OF BUSINESS OR INDUSTRY** _____

13a. FATHER'S NAME **Robert A. Kuenzle** **13b. MOTHER'S MAIDEN NAME** **Ellen Francis Goodner** **14. NAME OF HUSBAND OR WIFE** **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** **16. SOCIAL SECURITY NO.** **none** **17. INFORMANT'S SIGNATURE OR NAME** **Robert A. Kuenzle, 5925a Southwest** **ADDRESS** _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Premature, non viable**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **non viable (due 9-7-54)**

INTERVAL BETWEEN ONSET AND DEATH
10 min

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **fetus 5-5 1/2 months - livid. 2 hrs**

DUE TO (c) **weight 1 lbs 4 oz**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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) (Min) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **774X**

22. I hereby certify that I attended the deceased from 6:00am 5-15-54, to 8:10am 5-15-54, that I last saw the deceased alive on 5-15, 1954, and that death occurred at 8:10a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John + Flynn MD** **23b. ADDRESS** **1715 So 39th St. St. Louis, Mo.** **23c. DATE SIGNED** **5-15-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **5-15-1954** **24c. NAME OF CEMETERY OR CREMATORY** **New Picker Cemetery** **24d. LOCATION (City, town, or county) (State)** **St. Louis, Mo.**

DATE REC'D BY LOCAL **MAY 15 1954** **REGISTRAR'S SIGNATURE** **J. Earl Smith, M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Wacker-Helderle, 3634 Gravois** **ADDRESS** _____

No. 300
10.48

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.....
Signature of Student Embalmer

[Handwritten signature]

Signed.....
Licensed Embalmer No.
P. O. Address.....

[Handwritten signature]
[Handwritten number]
[Handwritten address]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.