

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35566**  
Registrar's No. **9562**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUIS</b> b. (Middle)		c. (Last) <b>KIENKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCTOBER 18, 1954</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>SEPARATED</b>	8. DATE OF BIRTH <b>DEC. 26, 1888</b>	9. AGE (In years last birthday) <b>65</b> # UNDER 1 YEAR Months Days # UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PORTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Newspaper</b>		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>JOHN</b>			
13b. MOTHER'S MAIDEN NAME <b>WILEMENA BRADY</b>		14. NAME OF HUSBAND OR WIFE <b>Rose Kienker nee Meseke</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Sylvia Summers, 6800 Old Bunkum Rd., East St. Louis, Ill.</b>	
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) <b>Diffuse Bronchus pneumoniae</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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)	
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 <b>491X</b>	
22. I hereby certify that I attended the deceased from <b>10-13-54</b> , 19___, to <b>10-18-54</b> , 19___, that I last saw the deceased alive on <b>10-18-54</b> , 19___, and that death occurred at <b>6:10A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Carl R. Quinn M.D.</b>				23b. ADDRESS <b>1515 Lafayette Avenue</b>	
23c. DATE SIGNED <b>10-18-54</b>		24a. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>			
24b. DATE <b>10/21/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State)	
24e. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>OCT 21 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		(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.....  
Signature of Student Embalmer

Signed *John A. Minor*.....

Licensed Embalmer No... 418

P. O. Address *St. Louis*.....

**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.**