

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009955  
STATE FILE NUMBER

FILED MAR 27 1959 Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 27

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. (If institution, Residence before admission)) a. STATE <b>MO</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>RURAL - MERAMEC</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>JEFFERSON</b> 4009 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Joseph's Hill Inf.</b>		Length of stay in lb <b>4 mos 10 days</b>	d. STREET ADDRESS (If outside, give location) <b>825 MARION</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>BERNARD</b> Middle <b>J.</b> Last <b>KUENZ</b>			4. DATE OF DEATH Month <b>March</b> Day <b>14</b> Year <b>1959</b>	
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5. SEX <b>MO</b>	6. COLOR OF RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 14 1878</b>	9. AGE (In years (If birthday) Months Days Hours Min.) <b>80</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MAIL CARRIER</b>	11. BIRTHPLACE (City and state or country) <b>Belleville, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>CHRISTIAN KUENZ</b>	13b. MOTHER'S MAIDEN NAME <b>MARY PAULE</b>	14. NAME OF HUSBAND OR WIFE <b>PROCEDES M. STERN</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) <b>YES</b>	16. SOCIAL SECURITY NO. <b>493-24-7748</b>	17. INFORMANT <b>Bro. Roch St. Joseph's Hill Infirmary</b>
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18. CAUSE OF DEATH (Enter only one cause for life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) <b>CEREBRAL ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE</b> DUE TO (c) <b>APOPLEXY</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		334X

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>JEFFERSON</b>	COUNTY <b>JEFFERSON</b>	STATE <b>MO</b>
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21. I attended the deceased from <b>11/4/58</b> to <b>3/14/59</b> and last saw him alive on <b>3/13/59</b> Death occurred at <b>3/14/59</b> <b>8:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>J. S. Mander</b>	22b. ADDRESS <b>St. Joseph's Hill Infirmary</b>	22c. DATE SIGNED <b>3/14/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3/17/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS - MO</b>
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24. FUNERAL DIRECTOR <b>White-Mullen Firm. Home - 118 No Florissant Rd</b>	ADDRESS <b>FLORISSANT, MO</b>	25. DATE RECD. BY LOCAL REG. <b>3/17/59</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>
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Florissant, Mo. (Registrar's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 27 1959

MAY 1 1959

DATE RECEIVED  
MAR 26 1959

MAR 23 1961

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 *Reinhold K. Kohnmann* .....

Licensed Embalmer No. *3395* .....

P. O. Address *Ilwaco* .....

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.