

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025521

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1700

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

4000  
24000

3  
4 1  
5 0  
6  
7 0  
8 2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

94222  
10  
11  
12860  
13

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1. <del>DATE OF DEATH</del> <b>JUN 20 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>St. Louis</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Ferdinand Twp</b>		c. CITY OR TOWN <b>St. Ferdinand Twp</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Villa Gesu</b>		Length of stay in 1b <b>7 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>11755 Riverview</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>SISTER MARY CUNIGUNDA KUENZEL</b>		4. DATE OF DEATH Month Day Year <b>June 6th, 1962</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/29/79</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Religious</b>	11. BIRTHPLACE (City and state or country) <b>Dutzow, Mo.</b>
13a. FATHER'S NAME <b>William F. Kuenzel</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Marie Cockel</b>	14. NAME OF HUSBAND OR WIFE <b>none</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>none</b>	17. INFORMANT Address <b>Sister M. Nicoletta, 11755 Riverview</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>ASA. &amp; c acute decompensate</b>			<b>10 days</b>
DUE TO (b) <b>Chr. myocarditis</b>			<b>5 yrs.</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Serubity</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY	STATE
21. I attended the deceased from <u>1952</u> to <u>6-6-62</u> and last saw her alive on <u>6-5-62</u> . Death occurred at <u>9:20 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <b>8321 of Broadway</b>	22c. DATE SIGNED <b>6-7-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>hospital</b>	23b. DATE <b>6/8/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Villa Gesu</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Emil J. Heitzenroeder, 8319 Hallsferry</b>		25. DATE RECD. BY LOCAL REG. <b>6-7-62</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

