S. No. 2
A—1/47
. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

#805 59

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42936

Registrar's No. 11697

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 7632 N. Euclid Ave (If rural, give location) 9
Memorial 6
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ALBERT CUENDET
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 14 (Day) 1872 (Year)

8. AGE: Years 75 Months 0 Days 8 If less than one day hr. min 5

9. Birthplace Switzerland (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Samuel Cuendet
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Caroline Piguet
15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant Edwin Cuendet
(b) Address 7632 N. Euclid
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bron Cemetery
18. (a) Signature of funeral director Sullivan Funeral Dir
(b) Address 7849 N. Euclid Ave
19. (a) DEC 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd year 1947 hour 12:45 minute P M.
21. I hereby certify that I attended the deceased from 12/19/47 19 to Dec. 22nd 19 47
that I last saw him alive on Dec. 22nd 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Bile Peritonitis — Duration
Etiology undetermined
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations same
Of autopsy same

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0
While at work (c) Means of injury
23. Signature Arthur L. Dalton M.D. (M. D. or other)
Address 1515 Lafayette Date signed 12/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert L. Grinkemeier

Licensed Embalmer No. 3553

P. O. 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 this body is not embalmed, fact should be so stated above.