

FILED MAY 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17964  
 Registrar's No. 4371

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

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis Mo.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hosp</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>4240A Red Bud Ave.</u>													
<b>3. NAME OF DECEASED</b> a. (First) <u>Lillian</u> b. (Middle) <u>B.</u> c. (Last) <u>Cuneo</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>5</u> <u>8</u> <u>1951</u>		<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>W.</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>May 14 1899</u>		<b>9. AGE</b> (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>11</u> Days _____		IF UNDER 1 YEAR Hours <u>24</u> Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____				<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis Mo</u>				<b>12. CITIZEN OF WHAT COUNTRY?</b> _____					
<b>13a. FATHER'S NAME</b> <u>Henry Schmitt</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Louise Wessemann</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>George J. Cuneo</u>									
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>George J. Cuneo</u>				<b>ADDRESS</b> <u>4240A Red Bud Ave</u>									
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). <u>Peritonitis (Chemical) &amp; Adhesions</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforation of Gallbladder</u> DUE TO (c) <u>Chronic Cholecystitis &amp; Cholelithiasis</u>										<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>20 days</u>  <u>20 days</u>  <u>2 weeks</u>					
<b>19a. DATE OF OPERATION</b> <u>29 Apr 51</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Diffuse Peritonitis Fluid &amp; Adhesions Cholecystitis</u>										<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____											
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				<b>21f. HOW DID INJURY OCCUR?</b> <u>584X</u>											
<b>22. I hereby certify that I attended the deceased from <u>29 Apr</u>, 1951, to <u>8 May</u>, 1951, that I last saw the deceased alive on <u>7 May</u>, 1951, and that death occurred at <u>9:40</u> Am., from the causes and on the date stated above.</b>																	
<b>23a. SIGNATURE</b> <u>G. Ernest Jensen M.D.</u>						<b>23b. ADDRESS</b> <u>634 N. Grand St. Louis</u>				<b>23c. DATE SIGNED</b> <u>9 May 51</u>							
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>5-11-51</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>				<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo</u>									
<b>DATE REC'D BY LOCAL REG.</b> <u>MAY 9 1951</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. B. Luster</u>				<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Sullivan Bros</u>				<b>ADDRESS</b> <u>2849 N. Euclid</u>							

(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 \_\_\_\_\_

working under my personal supervision.

Signed *Robert L. Brinkman*  
Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3553  
P. O. Address St Louis Mo

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.