

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Jefferson
Township Rosel
or
Village _____
or
City _____ (NO. M St.: _____ Ward)

Registration District No. 423 File No. 24984
Primary Registration District No. 5578 Registered No. 27

FULL NAME August Kuecht [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH April 25, 1894
(Month) (Day) (Year)
AGE 17 yrs. 2 mos. 12 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Shoe Factory

BIRTHPLACE
(City or town, State or foreign country) St Louis Mo

PARENTS
NAME OF FATHER Am Kuecht
BIRTHPLACE OF FATHER (City or town, State or foreign country) St Louis Mo
MAIDEN NAME OF MOTHER Eugenia Metzger
BIRTHPLACE OF MOTHER (City or town, State or foreign country) St Louis Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oscar Tumbold
(ADDRESS) Wimmerich mo
Filed July 9, 1911 M J F Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Accidental drowning
July 7, at 8 pm.
189
169
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Dr. Oliver Estroff Comm. M. D. July 9, 1911 (Address) Peru Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted If not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St Louis Mo DATE OF BURIAL 7-11-1911

UNDERTAKER Oscar Tumbold + Wimmerich ADDRESS Peru Mo
Dr. Hoffmeister of St Louis Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

