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

Do not use this space.

22396

File No.
Registered No. 6588

1. PLACE OF DEATH

County
Township
City of St. Louis (No. City Hospital St. Ward)

Registration District No. 791 003
Primary Registration District No.

2. FULL NAME Joseph C. Kuelker

(a) Residence. No. 4549a Adelaide Ave St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~OR WIFE OF~~ Lillie Kuelker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12th 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	42	3	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Purchasing Agent
(b) General nature of industry, business, or establishment in which employed (or employer) Independ't Packing
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Henry Kuelker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Niehaus
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Lillie Kuelker
(Address) 4549a Adelaide Ave

15. FILED JUN 23 1928, 19 Mary C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21st 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3.40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
90B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) N.M.A.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kemper M.D.
6/22 1928 (Address) Dep. Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Johns North — DATE OF BURIAL June 25 1928

20. UNDERTAKER Ny Leidner Und Co. — ADDRESS 1417 N. Market St

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD