

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

Do not use this space.

7838

**1. PLACE OF DEATH**

County St. Louis Registration District No. 785  
Township Bonhomme Primary Registration District No. 6031  
City (No. \_\_\_\_\_) \_\_\_\_\_

File No. \_\_\_\_\_  
Registered \_\_\_\_\_  
Ward \_\_\_\_\_

**2. FULL NAME**

Josephine A. Kutheis  
(a) Residence No. Valley Park, Mo. # 2 St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10 - 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
13 8 27

8. OCCUPATION OF DECEASED School Girl

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Fulton Mo  
(STATE OR COUNTRY) Valley Park R.F. # 2

10. NAME OF FATHER Joseph A. Kutheis Sr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Mo  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Mary Ducheck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Joseph A. Kutheis  
(Address) Valley Park No # 2

15. FILED 2/10 29 C. E. Barnett, M.D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1 1929

17. I HEREBY CERTIFY That I attended deceased from Sept 15, 1929, to Feb 1, 1929, (that I last saw him alive on Feb 1, 1929, and death occurred, on the date stated above, at 5:10 a.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A 2 (duration) 2 yrs. \_\_\_\_\_ mos.

CONTRIBUTOR (SECONDARY) none (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spencer

2/1 (Signed) Chas. E. Barnett  
, 1929 (Address) 308 E. 1st St. St. Louis

\*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 Pauls Cemetery Fulton Mo DATE OF BURIAL Feb 4 1929

20. UNDERTAKER John H. Koch ADDRESS Fulton Mo

