CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 24857

Township ..... Primary Registration District No. ..... Registered No. 7016

City St Louis (No. New Deseoness Hosp St. ..... Ward)

2. FULL NAME Otto W. Kuehne

(a) Residence. No. Manchester Mo St., 4 Ward. Manchester Mo
(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 Bertha Kuehne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	10	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Post Master
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer U. S. Govt

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

PARENTS
10. NAME OF FATHER Louis Kuehne
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Vera Kuehne
(Address) Manchester Mo

15. JUL 15 1930 FILED ....., 19 Max C Harley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1930

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1930 to July 13, 1930 that I last saw him alive on July 13, 1930 and that death occurred, on the date stated above, at 7:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Broncho
107A
100C
95B (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cardiac Dilatation
Acute (duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 3-1930
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [signature] M.D.
7/14, 1930 (Address) St. Louis Mo

*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	DATE OF BURIAL
Friedens Cem	July 16 1930

20. UNDERTAKER A. Kron L & U. Co (ADDRESS) 2707 N. Grand

cated by check marks, lacking from the death certificate:

Name: Otto W. Kuehne

Who died at: St. Louis Mo. on July 13. 1930

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) 100 0

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Pneumonia, Broncho

Operation for Hemorrhoids

Contributory: Cardiac Dilatation

Acute

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

5-24857