

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

Do not use this space.

38078

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. City Hospital)

File No.
Registered No. 11232
St. Ward)

2. FULL NAME Henry Kuehl

(a) Residence. No. 4362 Wallace Avenue St. 15 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frances Kuehl</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>December 17, 1891</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>38</u>	<u>11</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER John Kuehl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Knabel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Frances Kuehl
(Address) 4362 Wallace Avenue

15. FILED NOV 29 1938
W. C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28, 19 30
17. No Physician in attendance
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:

Strained Heart of Throat
(Self inflicted) at residence
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

suicide
(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 ADOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. V. Dovers M.D.
11/29, 1930 (Address) Cornwall

*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
Hiram
DATE OF BURIAL
Dec. 1 19 30.

20. UNDERTAKER
Wacker - Helbach
ADDRESS
2331 S. Brdwy.

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.

