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

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.

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

Do not use this space.

40984

File No. 11644

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Edward (Kueter) Kueter

(a) Residence. No. 4161 Peck 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 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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) July 4 – 1884

7. AGE: Years 46, Months 5, Days 7. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Street Car Work
(b) General nature of industry, business, or establishment in which employed (or employer): Car Builder
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Henry Kueter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Florence Neshlander

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT: Hospital Information
(Address) City Hospital

15. FILED: 12 19 30 Max C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1930, to Dec 11, 1930 that I last saw him alive on Dec 11, 1930 and that death occurred, on the date stated above, at 2 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
112
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma
non Tubercular (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Refused
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Joseph T. Maher, M. D.
12/11, 1930 (Address) City Hospital

*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: Calvary Cemetery

DATE OF BURIAL: 12-13-1930

20. UNDERTAKER: Provost Und'k Co

ADDRESS: 3710 N Grand Blvd

Hunter