

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

Do not use this space.

32522

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. ....)

Registration District No. 791  
Primary Registration District No. 1008  
2416a S. 11th Street

File No. ....  
Registered No. 9330  
St. .... Ward)

**2. FULL NAME** Rose A. Kuhn

(a) Residence, No. 2416a S. 11th Street St. 23 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank J. Kuhn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28th, 1878

7. AGE YEARS 53 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Casper Huber

14. BIRTHPLACE (CITY OR TOWN) Austria  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Sutter

16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

17. INFORMANT Frank J. Kuhn  
(ADDRESS) 2416a S. 11th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE Sept. 5, 1931

19. UNDERTAKER Wick Bros  
(ADDRESS) 2201 S. Grand Boulevard

20. FILED SEP - 4 1931 Max E. Jander  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1928 to Sept 3rd 1931 (19...)

I last saw h. 12 alive on Sept 3rd 1931. Death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:

Amicus Arteriosus  
71A

Name of operation none Date of no  
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no  
Where did injury occur? no  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no

(Signed) John H. Reilly, M. D.  
(Address) 409 Francis Bldg

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.

Thursday Bldg.  
11-1 PM

755

104  
105