

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

Do not use this space.

2477

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No. **145**  
City *St. Louis*, (No. *City Hospital*) St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *2813<sup>a</sup> Euclid* St. *23* Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred *1* yrs. *2* mos. *0* da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF *Elizabeth Kuehn*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 10 - 1867*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<i>64</i>	<i>10</i>	<i>25</i>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *yard of dr.*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Brids yard.*  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

MOTHER FATHER 13. NAME *Augustine Kuehn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER 15. MAIDEN NAME *Katherine Gro*

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

17. INFORMANT (ADDRESS) *Hospital information*

18. BURIAL, CREMATION, OR REMOVAL *St. Joseph's* DATE *Jan 7 - 32*

19. UNDERTAKER (ADDRESS) *Mr. G. May*

20. FILED *Jan - 5 1932* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan - 4<sup>th</sup> 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 4<sup>th</sup> 1932* to *Jan 4<sup>th</sup> 1932*  
I last saw him alive on *Jan 4<sup>th</sup> 1932* Death is said to have occurred on the date stated above, at *11:00 a.m.*

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

*lobes pneumonia*  
*108*  
Other contributory causes of importance.....

Name of operation..... Date of.....  
What test confirmed diagnosis? *Gram*. Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... *(1)*  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify *Not related*  
(Signed) *Walter S. ...* M. D.  
(Address) *City Hospital*

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.

Kuehn