

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

Do not use this space.

10399

1. PLACE OF DEATH

County Registration District No. *2*
 Township Primary Registration District No. *100*
 City *St. Louis, Mo.* (No. *4519, Emerson Ave*) St. *7* Ward *7*

File No.
 Registered No. **2442**
 St. Ward

2. FULL NAME *Charles Kufschmidt*

(a) Residence, No. *4519 Emerson Ave.* St. *7* Ward. (If nonresident, give city or town and State)
 (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.

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 OF (OR) WIFE OF *Mrs. Kufschmidt*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 28 - 1866*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>65</i>	<i>9</i>	<i>12</i>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *248*

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) *Germany*

13. NAME *Chas. Kufschmidt*

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

15. MAIDEN NAME *Not known*

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

17. INFORMANT (ADDRESS) *Ida Kufschmidt 4519 Emerson Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Friendem* DATE *March 15, 1932*

19. UNDERTAKER (ADDRESS) *H. J. Lester, 607 7th Market St.*

20. FILED *MAR 14 1932* Registrar *Stanley*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 11, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *May 1, 1932* to *Mar 11, 1932*
 I last saw him alive on *Mar 11, 1932*. Death is said to have occurred on the date stated above, at *5:10 P.M.*

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

Cerebral Apoplexy

Other contributory causes of importance:

Name of operation *None* Date of *2*
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury *3/11/32*, 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 *Stroke*
 Nature of injury *Stroke*

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *Yes*
 (Signed) *Ursula Stein* D.
 (Address) *2904 22nd Ave*

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.

