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.

10430

File No. 2473

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis (No. 1822 Warren St St. ..... Ward)

2. FULL NAME Christian Kuehn

(a) Residence, No. 1822 Warren St St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	62	10	9	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 28

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 10

FATHER

13. NAME Nikolaus Kuehn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 8

MOTHER

15. MAIDEN NAME Caroline (Unknown)

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

17. INFORMANT (ADDRESS) Helma Kuehn 1822 Warren St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany Cemetery DATE Mar 16 32

19. UNDERTAKER (ADDRESS) Reiderwieden Funeral Home Inc 1936 St. Louis Ave

20. FILED MAR 15 1932 19 Max C Starkley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to March 12, 19..

I last saw him alive on March 12, 1932. Death is said to have occurred on the date stated above, at 1:30 A M

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

Carcinoma of Lower

Date of onset

466

Other contributory causes of importance:

Name of operation ..... Date of .....

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 ....., 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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Bleuefels, M. D.

(Address) 3400 S. 14