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.

24245

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 6359

City St. Louis, Mo. (No. St. Anthony's Hospital St. ..... Ward)

2. FULL NAME Anne Maria Kuell

(a) Residence, No. 3620 Meramec Str. St., 15 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: 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: Rudolph Kuell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 31st. 1892

7. AGE: YEARS 40 | MONTHS 3 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Governess 215
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. San Conant, St. Louis county
10. Date deceased last worked at this occupation (month and year) St. Louis Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington, Kansas 2

FATHER

13. NAME: Benj. Heritage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 4

MOTHER

15. MAIDEN NAME: Elizabeth Patterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

17. INFORMANT (ADDRESS): Rudolph Kuell 3620 Meramec Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Yates Center, Kansas DATE July 10th 1932

19. UNDERTAKER (ADDRESS): Hauck & Schmitt 3732 S. Grand Blvd.

20. FILED JUL 10 1932 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1932, to July 9, 1932
I last saw her alive on July 9, 1932. Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

acute Dilatation of Heart — Date of onset

55B 54B 1396 95B

Other contributory causes of importance:
an operation of Hysterectomy of Uterus for Fibroids

Name of operation Hysterectomy Date of July 4 32
What test confirmed diagnosis? Physical 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? no
If so, specify
(Signed) R. Y. Henry, M. D.
(Address) 2838 S. Grand Bl.