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

Do not use this space.

36991

File No.

Registered No. 326

1. PLACE OF DEATH

96 County St. Louis

Township

City Creve Coeur (No. , St. Ward)

Registration District No. 789

Primary Registration District No. 6033

2. FULL NAME Celia Kuhn

(a) Residence. No. Creve Coeur Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. since birth How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 5 1933

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26-1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	91	—	26 ~~27~~	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stratusaw, Sno.
(STATE OR COUNTY)

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTY) 31

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTY)

14. INFORMANT John Kramer
(Address) Creve Coeur Mo.

15. FILED 11/23, 1932 Della Barry M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22-d 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan ~~Jan 1, 1919 to~~, 19..
that I last saw her alive on Nov. 22, 1932, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Limitation of age

Chronic Myocarditis

9 Yrs

1 Mo (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. R. Dean, M. D.

11/23, 1932 (Address) Ballwin Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Monica Cem — DATE OF BURIAL Nov 26 1932

20. UNDERTAKER Baumann Bros — ADDRESS Overland Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.