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

Do not use this space.

3016

1. PLACE OF DEATH

County St. Louis — Registration District No. 786 — File No.

Township Central — Primary Registration District No. 4469 — Registered No. 2

City Maplewood (No. 7225a, Manchester Avenue St. Ward)

2. FULL NAME Barbara Allie Kuhn

(a) Residence. No. 7225 a, Manchester St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred V yrs. 1 mos. 22 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)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 5, 1932

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
------	1	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ---------

(b) General nature of industry, business, or establishment in which employed (or employer) ---------

(c) Name of employer ---------

9. BIRTHPLACE (CITY OR TOWN) Clayton, (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Robert Charles Kuhn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Overland (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Billie Nadine Goodman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Advance, (STATE OR COUNTRY) Missouri

14. INFORMANT W. L. Goodman (grandfather) (Address) 7225a Manchester, Maplewood

15. FILED 1/27 1933 Mercedes Schuster REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/27/33 19

17. I HEREBY CERTIFY, That I attended deceased from 1/23/33, 19 to 1/27/33, 19 that I last saw h.c.v. alive on 1/26/33, 19, and that death occurred, on the date stated above, at 1 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio-Pneumonia

107A 92A

91A (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Endocarditis

(duration) yrs. 1 mos. 22 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Ex.

(Signed) E. E. Tenzin, M. D.

, 19 (Address) 2901 Big Bend.

*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 Fairmount Cemetery Cape Giradeau, Missouri — DATE OF BURIAL Jan. 28 1933

20. UNDERTAKER A. W. McLaughlin — ADDRESS Webster Groves Mo.