

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

Do not use this space.

17797

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Bethesda Hospital**)

File No.
Registered No. **3967**
St. Ward)

2. FULL NAME

Jack Edwards Kuehn
(a) Residence, No. **2532 N. Sullivan** St. **20** Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4 - 1928				
7. AGE	YEARS 4	MONTHS 5	DAYS 27	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child			
	10. Data deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **MO**

13. NAME **Ben Kuehn**

14. BIRTHPLACE (CITY OR TOWN) **Massachusetts** (STATE OR COUNTRY) **All**

15. MAIDEN NAME **Fanny Purley**

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

17. INFORMANT **Ben Kuehn** (ADDRESS) **2532 N. Sullivan**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Massachusetts All** DATE **5-4-33**

19. UNDERTAKER **Meyer 2nd Co.** (ADDRESS) **1417 - 2 1325**

20. FILED **1933** **X F. B. Beck** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-1-33**

22. I HEREBY CERTIFY, That I attended deceased from **1-28-33**, to **5-1-33**, 19**33**
I last saw h. **8:10 PM** **5-1-33** Death is said to have occurred on the date stated above, at **10:20 P.M.**
The principal cause of death and related causes of importance were as follows:

Streptococcus Meningitidis Date of onset **3-21-33**
Acute Mastoiditis **2-15-33**
Acute Otitis Media **1-28-33**

Other contributory causes of importance:
Mastoidectomy Date of **2-17-33**
Name of operation **Spinal fluid** Date of **2-27-33**
What test confirmed diagnosis? **Yes** 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) **Mallett**, M. D.
(Address) **4500 Olive**

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.

