

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... 1003
City St. Louis (No. 5935^{1/2} Lellan Ave)

File No. 21918
Registered No. 5762
St. Ward

2. FULL NAME

(a) Residence, No. 5935^{1/2} Lellan Ave St. 1 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaretta (Hyon) Kuehl</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 30 - 1874</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>4</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Insurance agent</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>820</u>		
10. Date deceased last worked at this occupation (month and year).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
13. NAME <u>Adolph Kuehl</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
15. MAIDEN NAME <u>Esther Walpert</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
17. INFORMANT <u>Esther Kuehl</u> (ADDRESS) <u>5935^{1/2} Lellan Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Culver</u> DATE <u>July 3 1933</u>		
19. UNDERTAKER <u>Primmberg and Co</u> (ADDRESS) <u>4740 St. Louis Ave</u>		
20. FILED <u>1933</u> 19 <u>11</u> <u>W. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1933

22. I HEREBY CERTIFY That I attended deceased from 6-28-1933 to 6-29-1933
I last saw him alive on 6-29-1933 Death is said to have occurred on the date stated above, at 2³⁰ P. m.
The principal cause of death and related causes of importance were as follows:
Acute myocarditis
820
930
Other contributory causes of importance:
Hemiplegia of entire left side
Name of operation none Date of.....
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) W. F. Harmann
(Address) 2743 N. Grand

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.

THIS IS A PERMANENT RECORD

1940

