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.

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JUL 12 1934

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 1104 — File No. 20045
Township Boone — Primary Registration District No. 5416 C — Registered No. 9
City ..... (No. ..... St. ..... Ward)

2. FULL NAME George Kuchenbuch
(a) Residence, No. 4199 Manchester 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Kuchenbuch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1872
7. AGE YEARS 61 MONTHS 5 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 1934
11. Total time (years) spent in this occupation unknown

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

FATHER
13. NAME Moritz Kuchenbuch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Christine Sudenheimer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Harry Kuchenbuch 4199 Manchester
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Memorial Park DATE June 12 1934
19. UNDERTAKER (ADDRESS) Kreyshauser Mortuaries 4104 Manchester Av.
20. FILED June 11 1934 W. L. Fitzgerald M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) about 6-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h 16 alive on ....., 19..... Death is said to have occurred on the date stated above, at dont know
The principal cause of death and related causes of importance were as follows:

Suicide Carbon monoxide gas Found in light delivery truck along the bank of the bourbois river on the farm of David Peters estate about 4 miles south of Beaufort Mo

Date of onset

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Other contributory causes of importance:
a garden hose connected to a funnel pushed up to the exhaust pipe of truck and leading into the cab.

Name of operation none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide 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) E. L. Worthington Coroner ~~M. D.~~
(Address) Labadie Mo.