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.

AUG 17 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 St. Louis — Registration District No. 790 — File No. 26361

Township — Primary Registration District No. 6033c — Registered No. 227

City St. Louis Co. Cty. (No. St. Louis County Hospital St. Ward)

2. FULL NAME Henry Kuehling

(a) Residence, No. 439 Hoffmeister St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Helen Kuehling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-5-1888

7. AGE: 46 YEARS — MONTHS: 5 — DAYS: 11 — 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.: Confectioner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER

13. NAME: Herman Kuehling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Louise Merhel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): HELEN KUEHLING 439 HOFFMEISTER AV.

18. BURIAL, CREMATION, OR REMOVAL: BURIAL
PLACE: SUNSET DATE: 7-19, 1934

19. UNDERTAKER (ADDRESS): FENDLER UND. CO 7819 MICHIGAN AV

20. FILED 7/[illegible], 1934 Robt J Auchenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1934, to 7-16, 1934

I last saw him alive on 7-16, 1934. Death is said to have occurred on the date stated above, at 2:42 P.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis following ruptured appendiceal abscess

Date of onset

Other contributory causes of importance:

Name of operation: Appendectomy Date of 7-10-34

What test confirmed diagnosis? Was there an autopsy? no

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) [signature], M. D.

(Address) St. Louis County Hospital Clayton Mo.