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

Do not use this space.

21173

JUL 12 1935

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. 5535 Southwest Ave. St. ..... Ward)

File No. .....

Registered No. 5095

2. FULL NAME Max Kuthe

(a) Residence, No. 5535 Southwest Ave. St., 13 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Kuthe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27th. 1875

7. AGE: YEARS 59 | MONTHS 9 | DAYS 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Herman Kuthe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Olga Ebert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Rosa Kuthe
(ADDRESS) 5535 Southwest Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory- June 13th 35

19. UNDERTAKER Wm Schumacher
(ADDRESS) 3013 Meramec Street

20. FILED JUN 11 1935 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9th 1935, to June 10 1935

I last saw h. alive on June 10, 1935 Death is said to have occurred on the date stated above, at 2/30am

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

	Date of onset
June 9th - Hemorrhage in B.P. (blood pressure)	6/9/35
Apoplexy	6/10/35

Other contributory causes of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? Exam 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) Walter H. Hughes, M. D.

(Address) 1700 Tower Grove

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1700 [illegible]
Box: 5172
[illegible]