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

JUL 12 1935

Do not use this space.

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1. PLACE OF DEATH

County.............

Township *St Louis Mo.*

City *St. Louis Mo.* (No. *4112 Burgen Ave*

Registration District No.............

Primary Registration District No.............

File No.............

Registered No. *5622*

St.............Ward)

2. FULL NAME *August F. Kuhn*

(a) Residence, No. *4112 Burgen Ave* St., *1* 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	MEDICAL CERTIFICATE OF DEATH

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 *Laura Kuhn*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 22 – 1867*

7. AGE — YEARS *68* MONTHS *5* DAYS *6* IF LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 *Unknown*

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

MOTHER

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Laura Kuhn*
(ADDRESS) *4112 Burgen Ave.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Missouri Crematory* DATE *July 1 – 1935*

19. UNDERTAKER *Ziegenhein Bros.*
(ADDRESS) *Gravois Cherokee St.*

20. FILED JUN 30 1935 19..... *J. Biedick*
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 28 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 28 1930* to *June 28 1935*

I last saw him alive on *June 25 1935* Death is said to have occurred on the date stated above, at *20:* m.

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

Date of onset

Cerebral Hemorrage –

Other contributory causes of importance:

Hypertension –

Name of operation .... Date of ....
What test confirmed diagnosis? X Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X , 19......
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ....

(Signed) *J. Habig.* , M. D.
(Address) *5817 Gravois –*