

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 23 1935

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

Do not use this space.

24253

1. PLACE OF DEATH
County St. Louis Registration District No. 785
Township Washburne Primary Registration District No. 6031
Town Manchester (No. Manchester Nursing Home)
City Manchester (No. Manchester Nursing Home)
St. _____ Ward _____

2. FULL NAME August (Keehn) Kuehn
(a) Residence, No. 2727 Sheaton Ave 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Weiss Kuehn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28 1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>8</u>
	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>	
	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) <u>Granville Ind</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT <u>Hazel Best</u> (ADDRESS) <u>2727 Sheaton Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Lebanon</u> DATE <u>July 27 1935</u>		
19. UNDERTAKER <u>Wm F Paschidas</u> (ADDRESS) <u>2825 N. Grand Blvd</u>		
20. FILED <u>7/25 1935</u> <u>Agnes C. Kelly</u> (Address) <u>_____</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1935

22. I HEREBY CERTIFY That I attended deceased from Nov. 15th 1934 to July 25 1935
I last saw him alive on July 24 1935. Death is said to have occurred on the date stated above, at P.T.H.A. m.
The principal cause of death and related causes of importance were as follows:
(1) Chronic myocarditis with decompensation Date of onset _____
(2) Cerebral Hemorrhage Oct 1534
(3) Broncho pneumonia July 23 1935

Other contributory causes of importance:
Senility of P.C.

Name of operation none Date of _____
What test confirmed diagnosis? Physical. 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) B. P. Loving, M. D.
Ballwin, Mo. J

