

AUG 28 1936

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

Do not use this space.

29137

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 3701 Hartford)

File No.

Registered No. 7915

St.

Ward)

2. FULL NAME Emma Kuhs

(a) Residence, No. 1001 Kuhs Place

St.,

4

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) widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August H. Kuhs		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 1 1859		
7. AGE	YEARS 77	MONTHS 6
	DAYS 24	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	11. Total time (years) spent in this occupation life
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home	
	10. Date deceased last worked at this occupation (month and year) July 20/36	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		

FATHER	13. NAME Jacob Decker
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany Germany

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

17. INFORMANT (ADDRESS) Dr. P. G. Moskop
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Park DATE July-27-1936

19. UNDERTAKER (ADDRESS) Wacker Heldele 2331 S. Broadway
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20. FILED JUL 27 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24 1936
22. I HEREBY CERTIFY, That I attended deceased from 7/24 1936 to 7/24 1936
I last saw her alive on 7/24 1936 Death is said to have occurred on the date stated above, at 7 P. M.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis

Date of onset 3 yrs.

Other contributory causes of importance: Chr. interstitial nephritis 4 yrs.

Name of operation ~~None~~ Date of ~~no~~
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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) P. G. Moskop (Moskop), M. D.
(Address) 3554 Victor St. St. Louis Mo.

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.

