

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

Do not use this space.

FEB 8 1937 **791**

File No. **3885**

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No. **1003**

Registered No. **924**

City **ST. LOUIS MO.** (No. **3009 VIRGINIA AV. 2**)

St. Ward)

2. FULL NAME **MARGARET MARY KUEHNER.**

(a) Residence, No. **3009 VIRGINIA AV. 16** Ward. **1**
(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 **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) **SINGLE**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN 19 1937**

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

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 29 1936** to **Jan 19 1937**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAY 18 - 1913**

I last saw him alive on **Jan 19 1936** Death is said to have occurred on the date stated above, at **12:45 p.m.**

7. AGE YEARS **23** MONTHS **8** DAYS **1** If LESS than 1 day, hrs. or min.

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

Chronic Myocarditis Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **BOOK KEEPER**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **25!**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Influenza and Bronchial Pneumonia

12. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS** (STATE OR COUNTRY) **MISSOURI**

Name of operation Date of

13. NAME **CHARLES KUEHNER.**

What test confirmed diagnosis? Was there an autopsy?

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

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.

15. MAIDEN NAME **MARGARET KUEHNER.**

Manner of injury

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

Nature of injury

17. INFORMANT **CHARLES KUEHNER.** (ADDRESS) **3009 VIRGINIA AV.**

24. Was disease or injury in any way related to occupation of deceased?

18. BURIAL, CREMATION, OR REMOVAL PLACE **OLD ST. MARCUS.** DATE **Jan 22 1937**

If so, specify

19. UNDERTAKER **E. J. Schmitt** (ADDRESS) **3125 Lafayette av.**

(Signed) **Otto C. Hansen** M. D.

20. FILED **27** 19 **37** **J. Bredeck** Registrar.

(Address) **3157 S. Park Ave**

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.

