

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis** (No. **1292 N. Goodfellow Ave.**) St. Ward)

File No. **18616**
 Registered No. **5192**

2. FULL NAME **Charles H. Kuhn,**

(a) Residence, No. **1292 N. Goodfellow** St. **5** 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** Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
 54 7 12

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

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) St. Louis Mo.

13. NAME Charles F. Kuhn, **14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Germany

15. MAIDEN NAME Margaret Kurtzborn **16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** St. Louis Mo.

17. INFORMANT (ADDRESS) Mr. Wm. J. Orr, 6222 Delor St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE May 25, 1937

19. UNDERTAKER (ADDRESS) Cullinane Bros, 1710 N. Grand Blvd.

20. FILE MAY 24 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937, to May 23, 1937

I last saw him alive on May 23, 1937. Death is said to have occurred on the date stated above, at 8.50 a.m.

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

Chronic wasting disease, since possible carcinoma of stomach
 childhood following meningitis at the age of 1 year
 Other contributory causes of importance:
 Mental Deficiency 1884

Non-epidemic meningitis

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

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? -
 If so, specify.....

(Signed) J. M. Crestman M. D.
 (Address) 5300² Easton 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.

OCCUPATION

FATHER

MOTHER

