

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

31689

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Co. Registration District No. 333
 (b) Township St. Ferdinand Primary Registration District No. 4468
 (c) St.urgeon (d) Street No. Blairmont R. #1 Registered No. 162
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 35 yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

William Kuetemann Sr.
 (a) Residence, No. Blairmont R. #1 Black Jack Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 ANNA KUETEMANN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8-1870

7. AGE YEARS 67 MONTHS 4 DAYS 22 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

FATHER 13. NAME CARL KUETEMANN

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 William Kuetemann Jr. (ADDRESS) Blairmont R. Black Jack Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE BLACK JACK DATE Sept 1 37

19. FUNERAL DIRECTOR Diedrich Funeral Home (ADDRESS) 8319 Halls Ferry Rd.

20. FILED 8/31 1937 W.A. Zetter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1937 to Aug 30 1937
 I last saw him alive on Aug 29 1937. Death is said to have occurred on the date stated above, at 2:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary aneurysm

Date of onset Aug 30

Other contributory causes of importance:

Pericardial Aneurysm

Name of operation Blood transfusion Date of Aug 29
 What test confirmed diagnosis? Was there an autopsy?

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) W. A. Knight, M. D.
 (Address) 8201 N. Broadway

b. Smith (Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)