

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

536
Do not use this space.

1. PLACE OF DEATH FEB 12 1938
 (a) County Registration District No. **791 / 1003**
 (b) Township Primary Registration District No. Registered No. **392**
 (c) City **St. Louis** (d) Street No. **DePaul Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Ben F. Kuhn 500**
 (a) Residence, No. **7526 York Drive** St. **KL Clayton Mo.**
 (Usual place of abode, if no street address, write county or city) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/3/1921

7. AGE YEARS 16 MONTHS 3 DAYS 7 If LESS than 1 day, hrs. or min.

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

FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo 0
13. NAME Frank B. Kuhn 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo 1

MOTHER
15. MAIDEN NAME Hazel Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Ill

17. INFORMANT Syd E. Wilkinson
 (ADDRESS) 7526 York Drive

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellefontaine DATE 1/12/38 19

19. FUNERAL DIRECTOR Robert J. Ambruster
 (ADDRESS) 6633 Clayton Road

20. FILED J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/10/38 19

22. I HEREBY CERTIFY, That I attended deceased from 1 - 2 - 1938 to January 10, 1938
 I last saw him alive on January 10, 1938 Death is said to have occurred on the date stated above, at 7:52 A.
 The principal cause of death and related causes of importance were as follows:
Cellulitis of face. Staphylococci caused by puncture on chin which developed into carbuncle.
 Date of onset 1-2-38

Other contributory causes of importance: 151

Name of operation Date of
 What test confirmed diagnosis? Examination 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) M. J. Spuch, M. D.
 (Address) 6651 Wright Ave.

JAN 12 1938

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, Edward H. Bockhorst, Licensed Embalmer No. 2502

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

L. E. 2502

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

working under my personal supervision.

Signed

Edward H. Bockhorst

Licensed Embalmer No. 2502

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.)