

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12812
Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No. **791**
- (b) Township..... Primary Registration District No. **1003**
- (c) City Saint Louis, Missouri. (d) Street No. St. Anthony 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 Hilda L. Kuehner. **560**

- (a) Residence, No. 5136 Rosa Ave. St. **2** (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 Female
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 Adolph M. Kuehner.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5th, 1896.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 41 9 5

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-Wife.
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

12. BIRTHPLACE (CITY OR TOWN) Saint Louis,
(STATE OR COUNTRY) Missouri.

- FATHER
13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

- MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Adolph M. Kuehner.
(ADDRESS) 5136 Rosa Ave.

18. BURIAL, CREMATION, OR REMOVAL New St. Martin's Cem.
PLACE Sunset BURIAL PARK DATE April 13th, 1938

19. FUNERAL DIRECTOR Ziegenhauer Bros.
(ADDRESS) 2623 Cherokee Street.

20. DATE OF DEATH APR 12 1938 Local Registrar. J. F. Budick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10th, 1937, to April 10th, 1938

I last saw him alive on April 10th, 1938 Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Chronic Interstitial Nephritis 2 yrs.
Mitral Regurgitation Heart 10 yrs.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Urinary 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 Albert Weisbarth, M. D.

(Signed) Albert Weisbarth, M. D.
(Address) 3548. S. Grand St

STATEMENT BY LICENSED EMBALMER

I, David M. Davis, Licensed Embalmer No. 3741.

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

David M. Davis

Licensed Embalmer No. 3741.

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.)