C 23 1938 DEC'D JAN 6 1939

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

44529
Do not use this space.

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.

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1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 784
(b) Township Primary Registration District No. 200 Registered No. 2099
(c) City Wellston 1 (d) Street No. 1254 Delaware Ave. 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 560 Camille Kuehner.
(a) Residence, No. 1254 Delaware Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, 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): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Kuehner.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 21, 1859.
7. AGE: YEARS 79 MONTHS 4 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Casket Maker
9. Industry or business in which work was done, as saw mill, bank, etc.: retired.
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): Germany. 6

FATHER
13. NAME: Dont Know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know. 9

MOTHER
15. MAIDEN NAME: Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know. 9

17. INFORMANT (ADDRESS): Mrs. Minnie Dzengolewski. 1254 Delaware Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE Dec. 24, 1938.
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo L Platsch 5916 Easton
20. FILED DEC 23 1938 T R Meyer MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938, to Dec 22, 1938
I last saw him alive on Dec 21st, 1938. Death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy (non traumatic)	12-16-38

Other contributory causes of importance: 8 2 a 1

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Norman Windsor M. D.
(Address) 6131 Etz Ely Ave. St Louis, Mo

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3454 David C. Gibson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.