

REC'D FEB 10 1939

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

76
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital No. 1** 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

(a) Residence, No. **246 Lenore Kugler** **3002 Pennsylvania st.** **24** (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 **Ed Kugler**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 1, 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 11 30

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. **hwk**
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, Missouri**

FATHER
13. NAME **Lawrence K. Tillewein**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

MOTHER
15. MAIDEN NAME **Tina ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New pikelets** DATE **Jan 3-39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Southern Funeral**
6322 So Grand Blvd

20. FILED **JAN 8 1939** **J. D. Brubaker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/31/38** 19

22. I HEREBY CERTIFY That I attended deceased from **12/25/38** to **12/31/38**, 19.....
I last saw her **12/31/38** 19..... Death is said to have occurred on the date stated above, at **11.53 a** m.

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

Broncho-pneumonia (Date of onset)

Other contributory causes of importance:

Organic psychosis

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?
If so, specify

(Signed) **Edward J. Wain**, M. D.

(Address) **City Hospital No. 1**

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, or by.....

Wilson Collins

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wilson Collins

Licensed Embalmer No.....

3887

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.