

REC'D FEB 10 1939

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

318  
Do not use this space.

## 1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1003  
(c) City St. Louis Mo (d) Street No. 6661 a Berthold Ave Registered No. 318  
(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

Frieda Kuhl  
(a) Residence, No. 6811 Nashville Ave St. 4  
(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 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 Otto Kuhl  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1898  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 5 29  
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. Housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Perryville  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Louis Ken  
14. BIRTHPLACE (CITY OR TOWN) Mary Breuner  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Breuner  
16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

17. INFORMANT Otto Kuhl  
(ADDRESS) 6811 Nashville Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Valhalla DATE 1 10 39

19. FUNERAL DIRECTOR (NAME) Kriegshauser Und Co  
(ADDRESS) 4228 So. Kinghighway Blvd

20. FILED JAN 10 1939  
J. B. Beck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 4th 1939, to Jan 7th 1939  
I last saw her alive on Jan 7th 1939. Death is said to have occurred on the date stated above, at 11.55 PM

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

Chc. Pulmonary Tuberculosis  
Hypertensive Nephritis  
Date of onset 1-7-39

Other contributory causes of importance:

Chc. Hypertensive (Tuberc)  
Chc. Nephritis

Name of operation M. Date of 1-7-39  
What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No. Date of injury 1-7-39  
Where did injury occur? No.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No.  
Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) J. B. Beck M. D.  
(Address) 2816 Station Ave. Jefferson Mo

2816

Dr. Ott Sutton & Maple

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**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 .....

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

Signed *Reinhold F. Johnson*

Licensed Embalmer No. *3295*

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.**