

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.

REC'D FEB 10 1939

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

578
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township 1003 Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 4658 Tyrolean Registered No. 578
(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 Conrad S. Kuechenmeister

(a) Residence, No. 4658 Tyrolean St. 2
(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 15

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. Farmer
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) Jefferson County Missouri

FATHER 13. NAME -----Kuechenmeister

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Fred Kuechenmeister
(ADDRESS) 4658 Tyrolean

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kimmswick, Mo. DATE Jan. 19, 1939

19. FUNERAL DIRECTOR (NAME) John L. Ziegenhein & Son
(ADDRESS) 7027 Gravois Ave.

20. FILED JAN 18 1939 J. B. Bredick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937 to Jan. 16, 1939
Last saw h. l. m. alive on 1-13-39 Death is said to have occurred on the date stated above, at 10 A. M.
The principal cause of death and related causes of importance were as follows:

Acute Bronchitis
Semility
822

Date of onset 1-10-39

Other contributory causes of importance:
Rt. hemiplegia, 6-29-37
Caused by arterio sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Marion T. Morrison M. D.

(Address) Kimmswick, Mo

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 *Clarence P. Funderburk*

Licensed Embalmer No. *3877*

P. O. Address *69379 Gravo*

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.