WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Ls 9 APR 11 1939

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 10060
Township Washington — Primary Registration District No. 1001 — Registered No. 213
City St. Joseph, Missouri (No. St Joseph's Hospt. St. Ward)

2. FULL NAME Baby Boy Kuch
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1939
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 0 hrs. or 0 min.
New born — Stillborn

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) St. Joseph, Missouri

FATHER
13. NAME Walter John Kuch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Hazel Eymma Keith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halls Station St. Joseph, Missouri

17. INFORMANT (ADDRESS) Walter Kuch 112 Alabama
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE March 4, 1939
19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hillside
20. FILED 3/6 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still - birth	3/3/39

Other contributory causes of importance:
Face - presentation

Name of operation Forceps Delivery Date of 3/3/39
What test confirmed diagnosis? exam. Was there an autopsy? yes

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) M. H. Talty M. D.
(Address) Corby Bldg., St. Joseph Mo.

I hereby certify that the body named on the reverse side of this certificate was embalmed by myself.

Earl A. Clark

Licensed embalmer No. 3476
St. Joseph, Mo.