DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24269

Registrar's No. 6542

REC'D AUG 11 1939

Registration District No. 791

Primary Registration District No. 1008

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3310 a Keokuk St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 62 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3310 a Keokuk St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Kuehling 452

3. (b) If veteran, name war * * *

3. (c) Social Security No. * * *

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Kuehling

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March (Month) 6 (Day) 1877 (Year)

8. AGE: Years 62 Months 4 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Work

11. Industry or business At Home

MOTHER FATHER

12. Name Philip Herbert

13. Birthplace (City, town, or county) Germany (State or foreign country)

14. Maiden name Rosina Koenig

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Joseph Kuehling

(b) Address 3310 a Keokuk St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 26 1939 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec St.

19. (a) JUL 26 1939 (Date received local registrar) (b) J. F. Bodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1939 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 20, 1939, to July 23, 1939, that I last saw her alive on July 23, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	
Due to: Hypertensive Cardio Vascular	
Due to: Diabetes	
Other conditions (Include pregnancy within 3 months of death): 928	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Carl J. Rees (M. D. or other)

Address 3604 Washington Date signed 7/25/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

3604 Washington Ave
11-2

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 Clarence J. Rochow, Registered Apprentice No. _____, working under my personal supervision.

Signed Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address # 3013 Meramec St.

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.