

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

Do not use this space.

36801

**1. PLACE OF DEATH**

County Osage  
Township Benton  
City St. Louis (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

Registration District No. 639  
Primary Registration District No. 438.3584

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME Franz Friedrich Kuschel**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mathilda Kuschel</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 1 1863</u>			
7. AGE YEARS <u>76</u>	MONTHS <u>7</u>	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired Farmer</u>
	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) Stolpe, Gasconade  
(STATE OR COUNTRY) County Mo

MOTHER FATHER  
13. NAME Ludwig Kuschel

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

MOTHER FATHER  
15. MAIDEN NAME Hennerette Beck

16. BIRTHPLACE (CITY OR TOWN) Wollam, Mo  
(STATE OR COUNTRY)

17. INFORMANT Albert J Kuschel  
(ADDRESS) Chamais Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stolpe DATE 9-21 1939

19. UNDERTAKER Arnold Hummert  
(ADDRESS) monson mo

20. FILED Sept 20 1939 Ether Sander  
A.R. Sander, D. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19-1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1939, to Sept 19 - 1939  
I last saw him alive on Sept 15 - 1939. Death is said to have occurred on the date stated above, at 2:0 m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach Date of onset \_\_\_\_\_

Other contributory causes of importance: 40

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) Howard W. Knauer, M. D.

(Address) Hammond Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1880

1881

1882

1883