

NOV 17 1939 791

Registration District No. **1000**

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Normandy
(c) Name of hospital or institution: DePaul Hospital
(d) Length of stay: In hospital or institution 1 week
In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Normandy Missouri
(d) Street No. 7113 Glenmore Ave.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Louis F. Kuethe
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Lena Kuethe 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec. 14th. 1871

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 22nd. year 1939 hour 11.10 minute _____ P. M.
21. I hereby certify that I attended the deceased from Oct 20 1939 to Nov 3 1939
that I last saw him alive on Nov 3 1939 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 11 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Degenerative heart disease (myocarditis) Duration 2 yrs
Due to Branchial pneumonia Oct 20
Due to Empyema Nov 5
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Prarrietown, Ills.
10. Usual occupation Grocer

11. Industry or business _____
MOTHER FATHER
12. Name Christian Kuethe
13. Birthplace Germany
14. Maiden name Katherine Baugh
15. Birthplace Germany

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature F.R. Finney (M. D. or other) _____
Address Summit St. 222 Date signed 11/24/39

16. (a) Informant's own signature Lena Kuethe
(b) Address 7113 Glenmore Ave
17. (a) Burial (b) Date thereof 11-25-39
(c) Place: burial or cremation Prairetown, Ills
18. (a) Signature of funeral director Wm. H. ...
(b) Address 3710 N. Grand Blvd.
19. (a) NOV 24 1939 (b) _____

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.

J.R. Zimmerman
8-12-0
529 N. Grand Ave

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 Me

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

Signed Robert Zimmerman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd.

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.