DEC 27 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44589

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2295

1. PLACE OF DEATH:

(a) County St Louis 1

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

(c) Name of hospital or institution: St Louis County Hospital
(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 55 yrs

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 3734 Oxford
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 Yrs years.

3. (a) PRINT FULL NAME Cretchen Kuelper 4-16

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Femle 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased February (Month) 25 (Day) 1881 (Year)

8. AGE: Years 58 Months 10 Days 1 If less than one day ____ hr. ____ min.

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

10. Usual occupation Nurse 6

11. Industry or business ____

FATHER
12. Name John Kuelper 6
13. Birthplace ____ (City, town, or county) Germany 6 (State or foreign country)

MOTHER
14. Maiden name Marie Osterman
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Walter Kuelper
(b) Address 2005 So Grand

17. (a) St Pauls Churchyard (Burial, cremation, or removal) (b) Date thereof 12 (Month) 28 (Day) 39 (Year)
(c) Place: burial or cremation St Pauls Churchyard

18. (a) Signature of funeral director Roberts Funeral Home
(b) Address 1905 So Grand

19. (a) DEC 27 1939 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26th year 1939 hour About 6 minute P M M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Automobile collision.

Due to While a passenger in an automobile which collided with another auto on a public highway. ----12/26/139

Due to Fracture of the 3rd cervical vertebr

Other conditions (Include pregnancy within 3 months of death) Fracture of the sphenoid bone Multiple fractures.

Major findings:
Of operations 210 m
Of autopsy

Duration

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) accident
(b) Date of occurrence Dec 26, 1939
(c) Where did injury occur? Manchester, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place
While at work? no (Specify type of place) (e) Means of injury auto collision

23. Signature John O'Connell (M. D. or other) 4
Address Coroner of St. Louis County Date signed 12/27/39

(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.

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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 Howard F. Rowland

Licensed Embalmer No. 2116

P. O. Address Athens, Mo

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.