

MAY 15 1940 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 3338

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:  
Dee Paul Hospital /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Anna Kuelker 426  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Late Bernard Kuelker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 24 Th 1861  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
78 -----

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

10. Usual occupation House Work

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Casper Unland  
13. Birthplace Germany 6 (City, town, or county) (State or foreign country)  
14. Maiden name Anna Nieman  
15. Birthplace Germany 6 (City, town, or county) (State or foreign country)

16. (a) Informant Harry Kuelker  
(b) Address 5022 N. Kingshighway 1940

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 Th (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch  
(b) Address 3516 N. 14 Th Str

19. (a) APR 12 1940 (Date received local registrar) (b) \_\_\_\_\_ (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis Mo 20 (If outside city or town limits, write "RURAL")  
(d) Street No. 2519 St. Louis Ave (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 Th  
year 1940 hour 6 minute 50 M.

21. I hereby certify that I attended the deceased from Aug 2, 1937, to April 11, 1940;  
that I last saw him alive on April 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 30 hrs.

Due to Chronic Myocarditis

Due to Chronic Nephritis

Other conditions (Interstitial)  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Edward J. Swamy (M. D. or other) \_\_\_\_\_  
Address 607 No. Grand Date signed 4-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*Harry J. Schumacher*

Licensed Embalmer No. \_\_\_\_\_

*2679*

P. O. Address \_\_\_\_\_

*732 Kemay*

**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.**