

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH
1003

State File No. 13285
3715
Registrar's No.

Registration District No. 791

Primary Registration District No.

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: 3937 a S. Compton
(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 Charles Kuebler

3. (b) If veteran, name war No 3. (c) Social Security No. 488-18-642

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct. 26 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 3 hr. _____ min.

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

10. Usual occupation Oiler
11. Industry or business Anheuser-Busch Inc.

MOTHER FATHER { 12. Name Geo. Kuebler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Heinkel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Kuebler
(b) Address 3937 a S. Compton Ave.

17. (a) Burial (b) Date thereof 5-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunser
18. (a) Signature of funeral director M. S. Schramm

(b) Address 3013 Meramec St.
19. (a) APR 30 1941 (b) J. H. Brodbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 126
(d) Street No. 3937 a S. Compton
(If rural, give location)
(e) If foreign born, how long in U. S. A. 50 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1941 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept. 1940, to apr. 29 1941
that I last saw him alive on apr. 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum Duration 8 Mo.

Due to _____
Due to _____

Other conditions None
(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 0

23. Signature Ralph Thompson (M. D. or other) M. D.
Address 3606 Meramec Date signed 4/30/41

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

019

3686
Rochow 5489
Rochow 3570

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 J. Rochow

Licensed Embalmer No. 3 093

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, fact should be so stated above.