

FILED AUG 28 1940 1
Registration District No. _____

Primary Registration District No. **1003**

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:
3011 Utah Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69 years / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3011 Utah Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Mrs. Anna Kuechenmeister

8. (b) If veteran, name war _____ (c) Social Security No. _____

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

6. (b) Name of husband or wife George H. Kuechenmeister 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 5th, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months - Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Household

11. Industry or business _____

12. Name Christian Riechmann

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Estelle Kuechenmeister

(b) Address 3011 Utah Street

17. (a) Burial (b) Date thereof July 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUL 24 1941 (b) J. W. Grosse
(Date received for local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 18 1941 to July 21 1941
that I last saw her alive on July 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis

Due to _____

Due to _____

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

Major findings: Of operations _____

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) _____

(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 J. W. Grosse (M. D. or other) _____

Address 508 N. Grand St. Date signed 7-22-41

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

0
9

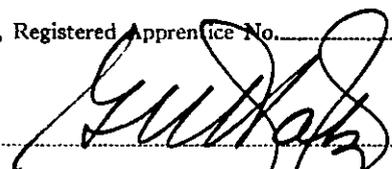
Dr. L. W. Grace
508 N. Grand
11-12 2:30 - 5

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.....


Licensed Embalmer No. 3737

P. O. Address 1936 N. Grand

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.