

FILLED NOV 24 1941 791
Registration District No. 791

Primary Registration District No.

Registrar's No. 8509

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: St. Johns 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 Othella Cecelia Kuehn

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

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

6. (b) Name of husband or wife Wm. P. Kuehn 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. 16th, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	11	9hr.min.

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

10. Usual occupation Housework

11. Industry or business None

12. Name George P. Meyer

13. Birthplace Pillsbury, Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Duchek

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant W.P. Kuehn

(b) Address 4833 Lee Ave.

17. (a) Burial (b) Date thereof 10-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) OCT 27 1941 (b) J. J. Bredek
(Date of local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4833 Lee Ave.
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th.
year 1941 hour 1.30 minute A. M.

21. I hereby certify that I attended the deceased from April
1941 to Oct 25 1941
that I last saw her alive on Oct 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemic Septicemia (Viridans) Duration 6 mo

Due to Sub Acute Bacterial Endocarditis 8 mo

Due to Malnutrition 7 mo

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

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
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 W. Lindeman (M. D. or other) M.D.

Address 4126^a Shreve Date signed 10/27/41

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

*Robert L. Binkman
4126 Shoreline Ave
Ely 7140*

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 *Robert L. Binkman*

Licensed Embalmer No. *3553*

P. O. Address *3710 N Grand 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.