

No. 2
1-4-41
5-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15509

FILED MAY 25 1942

State File No. _____

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 1077

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Glenwood Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 3 weeks
12 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7540 Wellington Way
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (d) PRINT FULL NAME Edward A. Kuhn

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

4. Sex Male 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 October 20 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Real Estate

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Kuhn

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

14. Maiden name Caroline B. Meyer

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

16. (a) Informant Miss. Effie C. Kuhn

(b) Address 7540 Wellington Way- Clayton

17. (a) Burial (b) Date thereof 5/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemtry

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood Mo.

19. (a) MAY 16 1942 (b) E. McHarron
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15
year 1942 hour 11 minute 30 a 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 Kung self with neck tie while in mental state of despondency. Duration _____
Due to Strangulation.

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

Major findings: Of operations _____

Of autopsy NO
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) Suicide.

(b) Date of occurrence May 15, 1942

(c) Where did injury occur? Glenwood Sanitarium
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Sanitarium

(Specify type of place) (e) Means of injury _____

23. Signature Louis H Bopp (City or town) _____

Address Kirkwood Mo. Date signed 5/16/42

APR 14 1944

AUG 20 1943

NOV 3 1941

APR 18 1944

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.....

Louis H Bopp

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H Bopp

Licensed Embalmer No. *921*

P. O. Address *Wickwood N*

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.