

JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 459
Registrar's No. 352

Registration District No. 1818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: _____
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 2759 Tamm Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kate Kuhnert

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herman Kuhnert

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 24th 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>5</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Coffrey

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

14. Maiden name Margaret Harrington

15. Birthplace Cleveland Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Kuhnert

(b) Address 2759 Tamm Ave.

17. (a) Burial (b) Date thereof 1-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 13 1943 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th
year 1943 hour 6:40 minute P.M.

21. I hereby certify that I attended the deceased from 4-15-1941
_____ 19____ to _____ 19____;

that I last saw her alive on 1-11-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis

Due to Diabetes

Due to _____

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

Major findings:
Of operations _____

Of autopsy same

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 M. B. Cappel M. D. or other _____

Address 3284 S. ... Date signed 1-13-43

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..... *Edwin A. Mc Dermott*

Licensed Embalmer No. *3024*

P. O. Address.....

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.