V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 10 1943

Registration District No. 384 Primary Registration District No. 200 Registrar's No. 143

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

1. PLACE OF DEATH:
(a) County ~~Jefferson Co.~~ St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Months (Specify whether
In this community 35 Years In St Louis.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600 12
(c) City or town St. Louis. 9
(If outside city or town limits, write "RURAL")
(d) Street No 2301 S. 11th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME MATHIAS KUCHLER

3. (b) If veteran, name war

3. (c) Social Security No. NONE.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Kuchler

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

7. Birth date of deceased Nov 13 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Kuchler
(b) Address 2301 S 11th St.

17. (a) Burial (b) Date thereof Jan 21/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SunSet Park

18. (a) Signature of funeral director [illegible] & Son
(b) Address 2906 Gravois Ave.

19. (a) JAN 21 1943 (b) C. G. McKarran M.D.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1943 hour 7 05 P.M. M.

21. I hereby certify that I attended the deceased from 1-1-42, 19, to 1-18-, 1943
that I last saw him alive on 1-17, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Myocarditis	?
Due to Arteriosclerosis	?
Due to Senility	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C H Denny (M. D. or other) MD
Address Creve Coeur, Mo Date signed 1-19-43

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.