

ED APR 28 1943 318
Registration District No.

Primary Registration District No. 1003

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

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (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. 5014 RUSKIN AV. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARGARET, M. KUEHNER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife ROBERT LEE, KUEHNER 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased MARCH 12 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 4 If less than one day hr. min.

9. Birthplace MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business OWN

12. Name UNK EGAN 9

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

14. Maiden name UNK

15. Birthplace UNK 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Robert Lee Kuehner

(b) Address 5014 Ruskin av

17. (a) BURIAL (b) Date thereof APRIL 19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette av

19. (a) APR 20 1943 (Data received local registrar) J. D. Breda (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1943 hour 9 minute 10 AM

21. I hereby certify that I attended the deceased from 4-10
1943, to 4-16 1943
that I last saw her alive on 4-16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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 P. V. Doyon (M. D. or other) D

Address 2767 1/2 Park Ave Date signed 4-17-43

000
17
19

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3684

3684

JUL 25 1985

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 *Jose B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.