

FILED MAY 18 1943

Registration District No. 18
Primary Registration District No. 1003

Registrar's No.

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:
2211 A S. 11th St. /
(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)

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. 2211 A S. 11th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Carol Kay Kuehler

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

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

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if
alive ----- years

7. Birth date of deceased. August 5 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
----- 9 4 ----- hr. ----- min.

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

10. Usual occupation. -----

11. Industry or business. -----

MOTHER FATHER
12. Name Bernard Kuehler
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Schmidt
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Kuehler
(b) Address 2211 A S. 11th St.

17. (a) Burial (b) Date thereof May 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director W. S. Maxwell
(b) Address 1926 Allen Ave.

19. (a) MAY 18 1943 (b) J. F. Budeck
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1943 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from April 11, 1943, to May 9, 1943
that I last saw her alive on May 4, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia, Acute Lymphatic Duration 4 weeks

Due to.....

Due to.....

Other conditions 7th
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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 Joseph A. Bauer (M. D. or other).....
Address 3720 Washington Blvd. Date signed 5/10/43

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

A. M. Davis

Licensed Embalmer No.....

3741

P. O. Address.....

1926 Allen 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.