

FILED JUN 9 1943 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5084

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
St. Luke's Hospital
(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 Casconade

(c) City or town Hermann
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Louisa Kuhn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased March 16 1879
(Month) (Day) (Year)

8. AGE: Years Months Day 13 If less than one day

64 2 22 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Kuhn

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

{ 14. Maiden name Mary Faerber

{ 15. Birthplace Unk. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Rohlfing

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 5/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) JUN 2 1943 (b) J. F. Fredrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from MAY 19, 1943, to MAY 29, 1943
that I last saw her alive on MAY 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
GENERALIZED CARCINOMATOSIS

Due to Primary site unknown

Due to 5.5

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Dr. J. C. Henry (M. D. or other) m.d.
Address St. Lukes Hosp. Date signed 5-29-43

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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.....
.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Henry M. Brammer

Licensed Embalmer No.....

4200

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.