

S. No. 2
M-2.43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4012

FILED DEC 22 1943

State File No.

10707

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 4 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 3964 St. Louis Ave.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary C. Kuehler

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Bernard Kuehler 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased January 26 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Hilke

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

14. Maiden name Mary Stoppelkamp
(City, town, or county) (State or foreign country)

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

16. (a) Informant Marie Kuehler

(b) Address 3964 St. Louis Ave.

17. (a) Burial (b) Date thereof 12-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) DEC 2 1943 (b) J. F. Brodeur
(Date received and registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1943 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 28, 1943 to Dec. 3, 1943
that I last saw her or alive on Dec. 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Double pneumonia Duration 6 day

Due to

Due to

Other conditions 108
(Include pregnancy within 3 months of death)

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) (c) Means of injury

23. Signature Arthur Kuehler (M. D. or other) Med.

Address 2202 University Date signed 12/4/43

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

MOTHER FATHER

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 *J. H. Woods*

Licensed Embalmer No. 2265

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.