

No. 2
-5-43
-17-39
X26671

FILED FEB 11 1945 18
Registration District No. 1

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, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 11 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri. (b) County..... 000
17
 (c) City or town..... Saint Louis,
 (If outside city or town limits, write "RURAL") 9/15
 (d) Street No..... 4038 Bambrugger Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME George Jacob Kuebrich
 3. (b) If veteran, name war..... No.
 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
 year 1944 hour 1 minute 05 A. M.
 21. I hereby certify that I attended the deceased from
January 16, 1944, to January 27, 1944
 that I last saw him alive on January 27, 1944,
 and that death occurred on the date and hour stated above.

4. Sex Male: 5. Color or race White
 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife..... Laura Kuebrich
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased July 25th, 1880.
 (Month) (Day) (Year)

Immediate cause of death..... Uremia
 Duration 2 days

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>2</u>	hr. min.

Due to..... Hypoproteinemia, impaired renal function
 Due to.....
 Other conditions..... Emphysema, right
 (Include pregnancy within 3 months of death)

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

Major findings: Emphysema, right side
 Of operations.....
 Of autopsy..... Emphysema + abscess at lung root-tube junction
 Underline the cause to which death should be attributed

10. Usual occupation Machinist Helper.
 11. Industry or business.....
 12. Name..... Peter Kuebrich
 13. Birthplace..... Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Unknown
 15. Birthplace..... Germany
 (City, town, or county) (State or foreign country)

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..... 0

16. (a) Informant..... Laura Kuebrich
 (b) Address..... 4038 Bambrugger
 17. (a) Burial (b) Date thereof..... Jan 29th, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... New St. Marcus Cemetery
 18. (a) Signature of funeral director..... Ziegenfuss Bros.
 (b) Address..... 8409 Gravois Ave.
 19. (a) JAN 27 1945 (b) J. F. Brudeck
 (Date received local registrar) (Registrar's signature)

23. Signature..... M. C. Abney (M. D. or other)
 Address..... BARNES HOSPITAL Date signed..... 1/27/44

Joseph A. Ziegenbaur

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 *Juddie A. Ziegenbaur*
.....
Licensed Embalmer No. *2270*.....

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.