

S. No. 2
OM-5-43
v. 5-17-39
I X38671

5382

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 6 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1959

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:
2722 Geyer Ave /
(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. 2722 Geyer Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth M. Kuehn

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. * Sex Female / Color or race White

6. (a) Single, widowed, married, 2 divorced Widow

6. (b) Name of husband or wife.....

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

7. Birth date of deceased June 12 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73	8	15	hr. min.
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9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business At Home

MOTHER FATHER { 12. Name John Wilkins

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

14. Maiden name Anna Brontz

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

16. (a) Informant Estelle Kuehn

(b) Address 2722 Geyer Ave

17. (a) Burial (b) Date thereof Feb 29th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers
3029 Lafayette Ave

(b) Address FEB 28 1944

19. (a) J. F. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day February
year 1944 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from
4-19 1943 to 2-27 1944
that I last saw her alive on 2-25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Coronary Occlusion ?

Due to Coronary Sclerosis ?

Due to Hypertensive Vascular Disease ?

Other conditions None of it

Major findings: No operations PHYSICIAN

Of operations.....

Of autopsy None made

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 E. Lee Shrader (M. D. or other)

Address 3720 Washington Date signed 2/28/44

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

Dr. E. T. Anderson

Beverly

Ne-6146

De-0688

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 *Paul D. Downs*

Licensed Embalmer No. *2245*

P. O. Address: *At Home Mo*

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.