S. No. 2
0M—2-43
v. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13028

FILED MAY 9 1944

Registration District No. 1008 Primary Registration District No. 1003 Registrar's No. 4002

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

Name of hospital or institution: Phoenix House dead at City Morg

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)

In this community — 1/2 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

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

(d) Street No. 9755 DIAMOND DR (If rural, give location) NR

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OTHO KUHN

3. (b) If veteran, name war NONE

3. (c) Social Security No. 702-10-0923

4. Sex MALE

5. Color or race WHITE

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

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased APRIL (Month) 13 (Day) 1891 (Year)

8. AGE: Years 52 Months 0 Days 13 If less than one day hr. min.

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

10. Usual occupation CAR INSPECTOR

11. Industry or business

FATHER 12. Name JOSEPH KUHN

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

MOTHER 14. Maiden name ELIZABETH HENDERSON

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

16. (a) Informant Stella Kuhn

(b) Address 9755 Diamond Dr.

17. (a) BURIAL (Burial, cremation, or removal) (b). Date thereof MAY 1 1944 (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHELHAM CEM.

18. (a) Signature of funeral director Aldrich F. House

(b) Address 8319 Halls Ferry Rd.

19. (a) APR 29 1944 (Date received local registrar) (b) J. F. Gadeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26 year 1944 hour 2 minute 20 P.M.

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

Immediate cause of death Suffocation from drowning When a overloaded boat capsized he was a passenger, aged boat being unequipped with life preservers fell overboard

Due to Accidental at about 2.30 PM April 26 1944

Duration

Other conditions (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) Accident

(b) Date of occurrence April 26 1944

(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? Public place

While at work? No (Specify type of place) (e) Means of injury Drowning

23. Signature Thomas F. Pallen (M. D. or other)

Address Deputy Coroner Date signed 4-29-44

(Licensed Embalmer's Statement on Reverse Side)

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 John Agonoshi

Licensed Embalmer No. 3398

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.