

S. No. 2
-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14620

State File No.

FILED MAY 8 1944

Registrar's No. 15

Registration District No.

Primary Registration District No. 4193

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

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution: 1
(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

3. (a) PRINT FULL NAME Ernst Kuhfus

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male ()

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 21, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>✓</u>	<u>13</u>	hr. _____ min.

9. Birthplace Coles Creek (City, town, or county) (State or foreign country) D

10. Usual occupation Owner of Hotel

11. Industry or business _____

MOTHER FATHER {

12. Name Christoph Kuhfus

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Bertha Kuhfus

(b) Address Hermann, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Hermann, Mo.

19. (a) Apr. 6, 1944 (Date received local registrar) (b) A. H. Lieder (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconad 37

(c) City or town Herrman (If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 2 1944, to April 4 1944
that I last saw him alive on April 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Pneumonia 2 days

Due to _____

Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings: Chronic Nephritis

Of operations _____

Of autopsy 131 P

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) _____

(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 [Signature] (M. D. or other) _____

Address Hermann Mo Date signed 4-5-44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-5-44

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. R. Rudiger

Licensed Embalmer No. 5044

P. O. Address Herrmann M

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.