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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19928

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5646

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

(d) Length of stay: In hospital or institution (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 22

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 000 17

(d) Street No. 2648 CHOUTEAU AV. (If rural, give location) 9

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

If yes, name country 0

3. (a) PRINT FULL NAME GUSTAVE E. KUCHENBUCH

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

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

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

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased MAY (Month) 27 (Day) 1892 (Year)

8. AGE: Years 52 Months 0 Days 26 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation Laundry Work

11. Industry or business City Hospital

FATHER
12. Name GEORGE KUCHENBUCH
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name CAROLINE BERGER
15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Edith Kuchenbuch

(b) Address 2648 Chouteau av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 26, 44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette av.

19. (a) JUN 23 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1944 hour 10 minute 30 A.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.

	Duration
Immediate cause of death	
Due to Cerebral apoplexy	
Due to	
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J. Perez (M. D. or other)

Address Perez Coroner Date signed 6/25/44

(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 Jos B Volkmer

Licensed Embalmer No. 4014

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.