V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23169

Registration District No. 18 Primary Registration District No. 1003

State File No.

Registrar's No. 6558

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: 5630a S. Kingshighway
(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 17

(c) City or town St. Louis 92
(If outside city or town limits, write "RURAL")

(d) Street No. 5630a S. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Amelia J. Kuehling

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May (Month) 2 (Day) 1876 (Year)

8. AGE: Years 68 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Joseph H. Kuehling
(b) Address 5630a S. Kingshighway

17. (a) (Burial, cremation, or removal) (b) Date thereof 7 (Month) 27 (Day) 44 (Year)
(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Wacker-Hilderle
(b) Address 3634 Gravois Ave.

19. (a) JUL 26 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1944 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from May 15 44, 19 , to July 25, 1944 that I last saw her alive on July 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92a

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Clay Allen (M. D. or other)
Address 5912 S. Kingshighway Date signed 7-25-44

(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 Robert Crohiele

Licensed Embalmer No. 2128

P. O. Address St Louis 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.