S. No. 2
DM—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26382

Registrar's No. 7052

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1946 Gravois Av. (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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1946 Gravois Av. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Johanna Kuhn
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Kuhn
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Oct. 11 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	10	0	hr. ..... min.

9. Birthplace Switzerland (City, town, or county) S (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name Ulrich Kirschsteiner
13. Birthplace Switzerland (City, town, or county) S (State or foreign country)
14. Maiden name Johanna Zürcher
15. Birthplace Switzerland (City, town, or county) S (State or foreign country)
16. (a) Informant Henry Kuhn
(b) Address 1946 Gravois Av.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director Witt Bro. Funeral
(b) Address 2929 S. Jefferson Av.
19. (a) AUG 14 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11 year 1944 hour 8 minute 45 P. M.
21. I hereby certify that I attended the deceased from July 27, 1944 to Aug. 11, 1944 that I last saw h. alive on Aug. 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Arterio-Sclerosis	
Due to Pernicious Anaemia	
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 ..... (M. D. or other)
Address 2014 S. Jefferson Date signed Aug 12 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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2929 S. Jefferson

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.