

No. 2  
1-5-43  
5-17-39  
I X36871

FILED JAN 25 1946

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 421

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:  
1321a Monroe St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... None  
(Specify whether)

In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

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

(d) Street No..... 1321a Monroe St.  
(If rural, give location)

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

200  
267  
90

3. (a) PRINT FULL NAME..... Chester H. Kuhl

3. (b) If veteran, name war..... None

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12, year 1946 hour 10:00 AM minute M.

4. Sex Male (U) 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased..... July 12, 1888  
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day

57 6 0 hr. min.

Immediate cause of death.....  
*Edema of brain  
Secondary to  
Coronary Hypertrophy*

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 5 months of death)

Duration

9. Birthplace..... St. Louis Mo. /  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Sorayer

Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN.....  
Underline the cause to which death should be charged statistically.

11. Industry or business..... Slug Projector Co.

12. Name..... Charles Kuhl

13. Birthplace..... St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name..... Amanda Kohlmeier

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

16. (a) Informant..... Robert Kuhl  
(b) Address..... 5126 Robin Ave

17. (a) Burial (b) Date thereof 1/16/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son  
(b) Address..... 2161 East Fair Ave

19. (a) JAN 14 1946 J. F. Brueck  
(Date received local registrar) (Registrar's signature)

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..... Date signed 1/16/46  
Address.....

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

2747

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**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 Justus W Dentute

Licensed Embalmer No. 4329

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.**