S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

13278

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 17 1946

State File No. 14378

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 817

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: O'Sullivan Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Mo. (Specify whether years, months or days)

In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Normandy (If outside city or town limits, write "RURAL") 0

(d) Street No. 3715 St. Ann's Lane (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Max G. Kuessner

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 widower

6. (b) Name of husband or wife Tinee Kuessner

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

7. Birth date of deceased ~~Germany~~ Aug 24 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Leopold J. Kuessner
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Emma M. ???
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Hugo E. Kuessner

(b) Address Algonquin Ills.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/11/46 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Henry L. Hudemueller

(b) Address 6203 Gravois Ave.

19. (a) 4-10-46 (Date received local registrar) (b) C.G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1946 hour 3:15 minute A M.

21. I hereby certify that I attended the deceased from Jan, 1946, to April 9, 1946; that I last saw him alive on April 8, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhages	2 yrs.
Due to arteriosclerosis & hypertension	
Due to 8301	
Other conditions (Include pregnancy within 3 months of death): Trophic ulcers legs & back	6 mos
Paraplegia - 2 yrs -	

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 0

23. Signature Lewis Littmann (M. D. or other) MD

Address 8231 Clayton Rd Date signed 4/10/46

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1946

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 John Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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.