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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1946

State File No. 14922

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3975

13822

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

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: DePaul 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town 4509 Adelaide Ave (If outside city or town limits, write "RURAL")

(d) Street No. St. Louis, (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Kuehler

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 Widow

6. (b) Name of husband or wife Conrad Kuehler

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

7. Birth date of deceased March 8, 1866 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 22 If less than one day hr. min.

9. Birthplace New Orleans (City, town, or county) La. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

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

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

16. (a) Informant William Kuehler

(b) Address 4509 Adelaide Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S.Peter & Paul Cem

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) MAY 1 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1946 hour 9 minute 30a M.

21. I hereby certify that I attended the deceased from April 20, 19 to April 30, 1946 that I last saw her alive on Apr 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcanomo of Liver	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Carcanomo of Liver

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 B. F. Fluegal (M. D. or other) 5/4

Address 1873 Madison Date signed 1/46

(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 Ben E. Hoffman

Licensed Embalmer No. 4366

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.