

FILED JUL 1948
Registration District No. 318

Primary Registration District No. 1003

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:
CITY INFY. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-26-46-26-46
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MOO

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1805 S 14TH ST.
(If rural, give location)

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

3. (a) PRINT FULL NAME INDIA KUGLER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

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

7. Birth date of deceased 9 17 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace ST LOUIS, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

MOTHER FATHER { 12. Name GEO. POULSEN

13. Birthplace ST LOUIS, MO.
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH

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

16. (a) Informant CITY INFY. RECORDS

(b) Address 55800 ARSENAL ST.

17. (a) Burial (b) Date thereof 6-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director with Bros.

(b) Address 2929 Jefferson Ave.

19. (a) JUN 27 1948 (b) J. F. Breder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 26
year 1946 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from 3/27/46
to 6/26/46, 19____
that I last saw her alive on 6/25/46, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia terminal, bilateral Duration _____

Due to Paralysis Agitans

Due to Hypertrophic Arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 107 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature India Kugler (M. D. or other) _____

Address 5800 Arsenal Date signed 6/26/46

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 D. M. Davis

Licensed Embalmer No 3741

P. O. Address 2929 So. 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.