S. No. 2
1—12-45
7. 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 JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2766

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 111

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: Deaconess Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hr
In this community Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 425 Algonquin Pl NR 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELVA V. KUHN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Eugene
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Oct (Month) 19 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
39	2	15	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife 1
11. Industry or business
FATHER
12. Name Harry Paris
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Mary Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Eugene Kuhn
(b) Address 425 Algonquin Pl.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 7 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director C. Hoffmeister Colonial Mort.
(b) Address 6464 Chippewa St.
19. (a) JAN 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1947 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from 1-1-47, 19 to 1-4, 1947, that I last saw her alive on 1-4-47, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Embolism, Brain — Duration
Due to Seminoma ...
Due to
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 0
23. Signature B. B. Cappel M.D. (M.D. or other)
Address 3284 ... Date signed 1-6-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. P. B. Cappel
3284 Ivanhoe

10 to 12: AM

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.