

No. 2
-12-45
-17-39
X47070

FILED MAR 24 1947
318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7420 Pennsylvania Ave
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 7421 Pennsylvania Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH KUEHNER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male 0 Color of hair White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bertha Kuehner

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

7. Birth date of deceased Feb 14 1870
(Month) (Day) (Year)

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

77 0 22 hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Peter Kuehner

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Magdalena Schilling

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

16. (a) Informant Luella Kuehner

(b) Address 7420 Pennsylvania Ave

17. (a) _____ (b) Date thereof 3/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem.

18. (a) Signature of funeral director Fendler Undertaking

(b) Address 7420 Michigan Ave

19. (a) MAD 10 1947 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8th
year 1947 hour 5.30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 17 1946 to Mar 8 - 1947
that I last saw him alive on Mar 8 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis Duration 2 days.

Due to Chronic Intestinal nephritis eyes.

Due to Forensic Poisoning 4 days.

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

Major findings:
Of operations _____

Of autopsy 121

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? _____

23. Signature A. A. Mulach (M. D. or other) _____
Address 7405 Mich. Ave. Date signed 3/10/47

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

MOTHER FATHER

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.....

Oliver E. Pendley

Licensed Embalmer No.....

4148

P. O. Address.....

Jenny Mc

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.