

S. No. 2
-12-45
5-17-39
p1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14729**

FILED MAY 14 1947

Registration District No. **756** Primary Registration District No. **4454 6050**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town "Rural" Portage des Sioux Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Farmyard near Grafton Road
(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 St. Louis

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

(d) Street No. 2408 Ashland
(If rural, give location)

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

3. (a) PRINT FULL NAME Earl Kuhn

3. (b) If veteran, name war NIL

3. (c) Social Security No. 709-01-5096

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dolores L. (Parish) Kuhn

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased September 3 1906
(Month) (Day) (Year)

21. I hereby certify that I am a duly qualified and authorized health inquest.

March 14 1947 to _____ 19____

that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>40</u>	<u>6</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death _____

acute alcoholism and exposure-

Due to _____

Due to _____

9. Birthplace Washington County Illinois
(City, town, or county) (State or foreign country)

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

Major findings: _____

Of operations _____

10. Usual occupation Farmhand

11. Industry or business Farming

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER { 12. Name George P. Kuhn

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

14. Maiden name Louise Osterholz

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

16. (a) Informant Vera Mitchell

(b) Address 2408 Ashland-Overland, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence March 13, 1947

(c) Where did injury occur? St. Chas. Co., Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

17. (a) removal (b) Date thereof Mar 15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Illinois

18. (a) Signature of funeral director H. L. Dallmeyer & Sons

(b) Address 800 N. 2nd-St. Charles, Mo.

While at work? NO (Specify type of place)

(c) Means of injury exposure

23. Signature Marion Washington (Date, or other) _____

Address Portage des Sioux, Mo. Date signed 3-14-47

19. (a) 3-19-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

366

(Licensed Embalmer's Statement on Reverse Side)

MAY 14 1947

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..... *Joseph F. Lambert*
Licensed Embalmer No..... *4189*
P. O. Address..... *St. Louis*

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.