

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15317
3586
Registrar's No.

FILED APR 23 1947 318
Registration District No.

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:
1811 So. Compton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
in this community. Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 1811 So. Compton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Fannie B. Kuhns

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex Fem 5. Color or race W

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

6. (b) Name of husband or wife William H. Kuhns 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Apr 17 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 / 47
year 1947 hour 8 AM minute..... M.

21. I hereby certify that I attended the deceased from mar 1947 to Apr 3 1947
that I last saw h..... alive on Mar 3 / 47 and that death occurred on the date and hour stated above.

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

85	11	16	hr. min.
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Immediate cause of death Coronary artery disease of heart Duration

Due to Arterial Sclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death) 94a

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name William Brearley

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

14. Maiden name Unknown

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

16. (a) Informant Albert Kuhns

(b) Address 2920 Louisiana Ave., St. Louis

17. (a) Burial (b) Date thereof Apr 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or Bellefontaine Cem., St. Louis

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? (c) Means of injury.....

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave. St. Louis

19. (a) APR 4 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature F. Steinhoff (M. D. or other) 0

Address 3206 Lafayette Date signed Apr 4 / 47

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..... *L. P. Cooper*.....

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette St*

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.