. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32705

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9179

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 5044 Page Avenue
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5044 Page Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 12

If yes, name country --

3. (a) PRINT FULL NAME Margaret Kuehl

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased May 15, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	4	17	hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Simon Flynn 4
13. Birthplace Ireland 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Piggott 1
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Genevieve Martineau
(b) Address 5044 Page Avenue

17. (a) Burial (b) Date thereof Oct. 6 '47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig and Son Funeral Home
(b) Address 4746 W. Florissant Ave.

19. (a) OCT 3 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-2-47 day
year hour 5 a.m. minute M.

21. I hereby certify that I attended the deceased from Jan 30 45 Oct 2 47, 19 ;
that I last saw her alive on Oct 2-47, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 92

Due to Hemiplegia R side

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

Duration 5

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none
(Specify type of place)

While at work? (e) Means of injury none

23. Signature M F Harmann (M. D. or other)

Address 2734 N Grand Date signed 10/3-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr M. F. Harmann

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..... J. Allen Davis Jr

Licensed Embalmer No. 4053

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.