

No. 2  
-1/47  
5-17-39

32708

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 11 1947 18

1003

9240

Registrar's No. \_\_\_\_\_

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.....  
5118 Bulwer Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... None  
(Specify whether)

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No..... 5118 Bulwer Ave  
(If rural, give location) 9

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME William A. Kujath

3. (b) If veteran, name war..... None

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct. day..... 2nd.  
year..... 1947 hour..... 5:00 AM minute..... 40 M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;

4. Sex..... Male 5. Color or race..... White

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

6. (b) Name of husband or wife..... Mary W. Kujath

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

7. Birth date of deceased..... February 2, 1871  
(Month) (Day) (Year)

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

Duration

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>8</u>	<u>0</u>	br. min.

Immediate cause of death.....  
Coronary Thrombosis

9. Birthplace..... Unknown Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Laborer

Due to.....

Due to.....

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

11. Industry or business.....

12. Name..... Frederick Kujath

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

14. Maiden name..... Amelia Flaeger

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

16. (a) Informant..... Walter Kujath

(b) Address..... 2047 E. Gano Ave

17. (a) Burial (b) Date thereof..... 10/6/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Friedens Cemetery

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) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)

18. (a) Signature of funeral director..... Math Hermann & Son, Inc.

(b) Address..... 2161 East Fair Ave

19. (a) OCT 6 1947 (b) J. F. Bredebeck  
(Date received local registrar) (Registrar's signature)

23. Signatur..... Thomas O. Callahan (M. D. or other) 3

Address..... Coroner Date signed..... 10-6-47

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

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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 William G. Burkholz

Licensed Embalmer No. 21105

P. O. Address St Louis Mo

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.