S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39864

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No.

Registrar's No. 10766

1. PLACE OF DEATH:
(a) County ~~St. Louis~~
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2415a-South Eleventh Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 78 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2415a-South Eleventh St.
23 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KUHN, Frank J.
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Kuhn
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased June (Month) 26 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	4	25	*** hr. ***** min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name John Kuhn
13. Birthplace Unknown (City, town, or county) Europe (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Ida Kuhn
(b) Address 2415a-So.11th.St.St. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cem.
18. (a) Signature of funeral director J.L.Ziegenhein & Sons
(b) Address 2027-Gravois Ave. St. Louis, 16
19. (a) NOV 24 1947 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
year 1947 hour Ten minute 15 P.M.
21. I hereby certify that I attended the deceased from Feby 10, 1947 to Nov 21, 1947
that I last saw him alive on Feby 21, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septic pouring [illegible]	
Due to: [illegible]	5 days
Due to: [illegible]	
Other conditions: Hemiplegia due to [illegible]	
Major findings: Of operations	
Of autopsy	

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)
(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? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 2844 [illegible] Date signed 11/24/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

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.