S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1947

State File No. 40454

Registration District No. 317

Primary Registration District No. 3062

Registrar's No. 2479

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Brentwood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2616 Cecelia Ave.
(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 96
(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2616 Cecelia 1
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Matilda Kuehne
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Kuehne
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May (Month) 4 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	7	26	hr. min.

9. Birthplace Sedalia, Missouri 6
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Burmester 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Graubner
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Robert Kuehner 1
(b) Address 2616 Cecelia Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-3-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) 12-2-47 (Date received local registrar) (b) Cecila Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 30 day 30
year 1947 hour 4 minute P M.
21. I hereby certify that I attended the deceased from 1st Ave. Nov 30, 1947, to Nov. 30 1947
that I last saw her alive on Nov. 30 (4 P.M.) 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	12 hours
Due to	
Due to 94	
Other conditions (Include pregnancy within 3 months of death)	

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) 0
While at work? (e) Means of injury
23. Signature J. Vollmer (M. D. or other) MD
Address 52 W. Big Bend Date signed 12/1/47

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.....O H E Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....

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.