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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

State File No. 2750

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 109

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Weeks (Specify whether years, months or days)

In this community 66 Years

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3904 Dover Place
(If rural, give location)

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

If yes, name country ———

3. (a) PRINT FULL NAME William J. Kuhnhenn

3. (b) If veteran, name war ———

3. (c) Social Security No. ———

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pauline O.

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

7. Birth date of deceased October (Month) 25 (Day) 1881 (Year)

8. AGE: Years 66 Months 2 Days 9 If less than one day ___ hr. ___ min.

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

10. Usual occupation Retired

11. Industry or business Grocery & Saloon Keeper

FATHER
12. Name William Kuhnhenn
13. Birthplace ——— (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name ——— Oppermann
15. Birthplace Mine LaMotte (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Cora Lohrum

(b) Address 4028 Potomac St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Lucas Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Ave.

19. (a) JAN 6 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1948 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 24, 1947 to Jan 3, 1948 that I last saw him alive on Jan 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cachexia	
Due to Metastasis	
Due to Carcinoma of bladder Urinary	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Grade 4 Carcinoma of bladder. Transurethral resection

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 Stephen K. Tapper (M. D. or other)

Address 1010 Paul Brown Bldg. Date signed Jan 5-48

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.....

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave

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.