

No. 30-47
5-17-39
F I 3906

#81199
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6613
1164
State File No.
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(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. Louis City Hospital - Max G. Starkloff
(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)

3. (a) PRINT FULL NAME MATILDA KUECHLER
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 Peter V. Kuechler 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased November 7th, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 26 hr. min.

9. Birthplace Morrow, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Thomas Meek

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

14. Maiden name Emma Obermeyer

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

16. (a) Informant Mr. Peter V. Kuechler

(b) Address 4151 E. Penrose Street

17. (a) Burial (b) Date thereof 2/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Boulevard

19. (a) FEB 4 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4151 E. Penrose Street 9
Memorial (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd
year 1948 hour 12 minute 05 A. M.
21. I hereby certify that I attended the deceased from 1/7/48
_____, 19____, to Feb. 3rd, 1948
that I last saw her alive on Feb. 3rd, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, broncho Dyspnea
S. dysp

Due to Cerebral Thrombosis

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____
Underline the cause to 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? _____

While at work _____ (Specify type of place) (e) Means of injury 0

23. Signature Amelia H. Huan 2 03/48 (other) _____

Address 1515 Lafayette Date signed _____

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

MOTHER FATHER

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.....

Ralph E. Linders

Licensed Embalmer No..... *4275*.....

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.