

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 21719

FILED JUL 14 1948

Registration District No. 377Primary Registration District No. 6076Registrar's No. 1590

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Prospect Hill
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
9533 West Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)

3: (a) PRINT FULL NAME Augusta Kuehn

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 16, 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 3 8 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Henry J. Kuehn

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

14. Maiden name Augusta Hellwig

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

16. (a) Informant Mrs Lena Meyerkord

(b) Address 9533 West Ave Prospect Hill, Mo.

17. (a) Burial (b) Date thereof 6/28/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) 6-26-48 (b) Paul J. Stamm
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Prospect Hill
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9533 West Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
 year 1948 hour 4:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 - June 24 1948
 that I last saw him alive on June 24 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of sigmoid colon
 Due to _____
 Due to _____

Other conditions 46
 (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
 Of autopsy _____

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)
 (c) Means of injury _____
 23. Signature J. J. Miller (M. D. or other)
 Address 1114 N. 7th St. St. Louis Date signed 6/28/48

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed Glen W. Natz.....

..... Licensed Embalmer No. 3737

P. O. Address ~~926~~ 2161 E. Fair.....

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.