

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24451
Registrar's No. 6812

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. 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 MARTIN KUCHENIG

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 Married
6. (b) Name of husband or wife Maria Kuchenig 6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 14-1969 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 10 17 hr. min.

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

10. Usual occupation Salesman

11. Industry or business

12. Name (Unknown) Kuchenig

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

14. Maiden name Unknown

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

16. (a) Informant Maria Kuchenig

(b) Address 2411 Salena Street

17. (a) Burial (b) Date thereof 8-4-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Joseph M. Brudek

(b) Address 1926 Allen Avenue

19. (a) AUG 3 - 1948 (b) (Date received local health report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1100
(c) City or town St. Louis
(d) Street No. 2411 Salena Street (If outside city or town limits, write "RURAL")
Memorial (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6/22/48
to August 1st, 1948
that I last saw him alive on August 1st, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

Due to Hb 7

Due to

Other conditions Metastatic C. of Liver (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

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?

(Specify type of place)
While at work Means of injury

23. Signature J. M. Brudek (M.D. or other)

Address 2515 Lafayette 8/2/48

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.....

..... Me, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Benj. C. Duncan
Licensed Embalmer **8272**

P. O. Address **1926 Allen Avenue**

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.