

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35044
Registrar's No. 2389

Registration District No. 527

Primary Registration District No. 6876

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3700 Boswell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 3700 Boswell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilbur H. Kuefner

3. (b) If veteran, name war None

3. (c) Social Security No. 497-05-5156

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th,
year 1948 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if
Florence Kuefner alive 33 years

7. Birth date of deceased July 16, 1913
(Month) (Day) (Year)

Immediate cause of death _____

Cause unknown

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

35	2	28	hr. _____ min. _____
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Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Chauffeur

11. Industry or business _____

12. Name Adam Kuefner

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dora Rohrkasse

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

16. (a) Informant Irwin Kuefner

(b) Address 3706 Boswell

17. (a) Burial (b) Date thereof Oct. 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

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? _____

18. (a) Signature of funeral director Collier's Funeral H

(b) Address 10123 St. Charles Rock Road

19. (a) 10-15-48 (b) Cecil A. Sharp, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature _____ (Specify type of place) _____
(City or town) (County) (State)

Address Commissioner of Health

(M. D. or other) 10-15-48
Date signed

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.