

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38944

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10083**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY WAB	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (in this place) 2 wks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptist Hospital		e. CITY (If outside corporate limits, write RURAL and give township) St Louis	
		d. STREET ADDRESS (If rural, give location) 6316 Devonshire	

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) J c. (Last) Kuhn	4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 7, 1895	9. AGE (In years last birthday) 54 If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Mgr.	10b. KIND OF BUSINESS OR INDUSTRY Packing Business	11. BIRTHPLACE (State or foreign country) St Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U
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13a. FATHER'S NAME Herman Kuhn	13b. MOTHER'S MAIDEN NAME Clara Harbacher	14. NAME OF HUSBAND OR WIFE Clara L Kuhn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-I	16. SOCIAL SECURITY NO. 488-10-9091	17. INFORMANT'S SIGNATURE OR NAME Clara L Kuhn	ADDRESS 6316 Devonshire
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 17 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension (malignant)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of neck of femur, rt		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 10 (STATE) 251X
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21d. TIME OF INJURY Nov. 5 '49 9⁰⁰ A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall in bathroom when cerebral hemorrhage occurred.
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22. I hereby certify that I attended the deceased from **5 Nov. 1949**, to **22 Nov. 1949**, that I last saw the deceased alive on **21 Nov. 1949**, and that death occurred at **1:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degrees or title) Truman G. Drake, M.D.	23b. ADDRESS 114 N. Taylor, St. Louis 8	23c. DATE SIGNED 22 Nov. 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/25/49	24c. NAME OF CEMETERY OR CREMATORY SSpeter & Paul Cem.	24d. LOCATION (City, town, or county) (State) St Louis, Mo.
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DATE REC'D BY LOCAL REG. NOV 23 1949	REGISTRAR'S SIGNATURE J B Kasater	25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	ADDRESS 7027 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 16 1949

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Grawson

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.