

FILED NOV 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35014

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

9130

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MISSOURI</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS MO</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. ANTHONY'S Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>2627² INDIANA.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>EMMA</i> b. (Middle) <i>-</i> c. (Last) <i>KUHN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>OCT. 26 1950</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>JULY 24 1885</i>
9. AGE (In years last birthday) <i>65</i>		IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>	11. BIRTHPLACE (State or foreign country) <i>MISSOURI</i>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <i>JOHN STEFFEN</i>		13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>EMIL KUHN</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>FERDINAND KUHN 3636 UPTON</i>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Systemic Embolus</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Thrombosis of vessels of right leg</i> DUE TO (c) <i>Chronic myocarditis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Nephritis, (Chronic)</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4222</i>
22. I hereby certify that I attended the deceased from <i>Sept 16, 1950</i> , to <i>Oct 26, 1950</i> , that I last saw the deceased alive on <i>Oct 26, 1950</i> , and that death occurred at <i>6 p m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>J. B. Sasater, M.D.</i>		23b. ADDRESS <i>3014 S. Jefferson</i>	23c. DATE SIGNED <i>Oct 27 1950</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>OCT. 30 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEM.</i>	24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i>
DATE REC'D BY LOCAL REG. <i>OCT 27 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Sasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Thomas Kutis 2906 Monroe</i>

(Licensed Embalmer's Statement on Reverse Side)

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

3016
J. J. Johnson
C.W.

APR 19 1954

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.

Student Embalmer No.....

Signed.....

Thomas E. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *7906 Davenport*

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.