

FILED MAR

3-19-52

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5525

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 17				
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - MERAMEC		c. LENGTH OF STAY (in this place) 1 yr - 1 month		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2019				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary				d. STREET ADDRESS (If rural, give location) 3636 UPTON						
3. NAME OF DECEASED (Type or Print) a. (First) EMIL b. (Middle) KUH N c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 16 1952							
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUGUST 2, 1869		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - SHEET METAL PATTERN-MAKER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CONRAD KUHN			13b. MOTHER'S MAIDEN NAME SABINA			14. NAME OF HUSBAND OR WIFE EMMA STEPHEN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Ruth Kuhn, U.S.F. St. Joseph's Hill Infirmary			ADDRESS EUREKA MO		
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.				MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC INSUFFICIENCY				ANTECEDENT CAUSES						
				DUE TO (b) CHRONIC MYOCARDITIS						
				DUE TO (c) GENERALIZED CEREBRAL-ARTERIO-SCLEROTIC						
II. OTHER SIGNIFICANT CONDITIONS				CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CARDIO-VASCULAR DISEASE						
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		4221				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1/17, 1951, to 2/15, 1952, that I last saw the deceased alive on 2/15, 1952, and that death occurred at 7:25 A.M., from the causes and on the date stated above.										
23a. SIGNATURE Dr. M. W. ... (Degree or title)				23b. ADDRESS 4323 ROLAND DRIVE, NORMANDY, MO.		23c. DATE SIGNED 2/16/52				
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB. 19 1952	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO					
DATE REC'D BY LOCAL REG. Feb 23 - 52		REGISTRAR'S SIGNATURE Ruth Givsa 438		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Leavies						

(Licensed Embalmer's Statement on Reverse Side)

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

500  
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO MISSOURI  
FEB 25 REC'D

APR 19 1954

MAR 3 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 Leo J. Budd

Signed.....  
Student Embalmer

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo

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.