

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29703

State File No.

FILED AUG 23 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7589**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2159		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 617 Bates St.
d. FULL NAME OF HOSPITAL OR INSTITUTION 617 Bates St.			15		
3. NAME OF DECEASED (Type or Print) a. (First) Adam		b. (Middle) E.	c. (Last) Kuehnel	4. DATE OF DEATH (Month) (Day) (Year) 8/6/52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months
IF UNDER 2 HRS. Hours	IF UNDER 24 HRS. Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker	10b. KIND OF BUSINESS OR INDUSTRY Anheuser Busch	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME George Kuehnel		
13b. MOTHER'S MAIDEN NAME Theresa Heitman			14. NAME OF HUSBAND OR WIFE Clara		
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. 492-10-8048	17. INFORMANT'S SIGNATURE OR NAME Clara Kuehnel--617 Bates St.		
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) acute dilation of heart ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. old Rheumatic Heart Disease DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 hrs. many years
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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 416X			
22. I hereby certify that I attended the deceased from July 1, 1952 to 8/6, 1952 , that I last saw the deceased alive on 8-6, 1952 , and that death occurred at 9:45 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Erwin S. Creelias M.D.			23b. ADDRESS 751 Levee Ferry Rd		23c. DATE SIGNED 8/8/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/9/52	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
DATE REC'D BY LOCAL REG. AUG-9 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Heiderle 3634 Gravois		

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

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

Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address Louisiana

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.