

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 24 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2369

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4042 Flora Blvd.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2179</u>	
		d. STREET ADDRESS (If rural, give location) <u>17</u> <u>4042 Flora Blvd.</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRIEDA</u> b. (Middle) c. (Last) <u>KUHN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar.</u> <u>1</u> <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 5, 1880</u>
9. AGE (In years last birthday) <u>72</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Ill.</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Louis Rieman</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Vaninger</u>		14. NAME OF HUSBAND OR WIFE <u>Julius A. Kuhn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Julius A. Kuhn</u>		ADDRESS <u>4042 Flora Blvd.</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		MEDICAL CERTIFICATION <u>Acute Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>24</u>	
ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) <u>Diabetes</u> <u>10 yrs</u>		DUE TO (c) <u>Myocardial Pathology</u> <u>5 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Char Arthritis</u> <u>10 yrs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Arterio Sclerosis</u>	
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 <u>260X</u>	
22. I hereby certify that I attended the deceased from <u>4/5, 1953</u> , to <u>5/1, 1953</u> that I last saw the deceased alive on <u>1/31, 1953</u> and that death occurred at <u>3:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George J. Wickham MD</u>		23b. ADDRESS <u>3903 Olive</u>	
23c. DATE SIGNED <u>5/1/53</u>		23d. (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 4, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Carl Smith MD</u>		ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl</u>	

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 William C. White

Licensed Embalmer No. 4229

P. O. Address 4228th Kingshighway

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.