

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20144

State File No. _____

FILED JUN 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1521

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HTS. 4485</u>	
c. LENGTH OF STAY (In this place) <u>4 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>7214 ARLINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CO. HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u> b. (Middle) <u>KUCHENBUCH</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 25, 1878</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR <input type="checkbox"/> 1 YEAR <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 10 YEARS <input type="checkbox"/> 15 YEARS <input type="checkbox"/> 20 YEARS <input type="checkbox"/> 25 YEARS <input type="checkbox"/> 30 YEARS <input type="checkbox"/> 35 YEARS <input type="checkbox"/> 40 YEARS <input type="checkbox"/> 45 YEARS <input type="checkbox"/> 50 YEARS <input type="checkbox"/> 55 YEARS <input type="checkbox"/> 60 YEARS <input type="checkbox"/> 65 YEARS <input type="checkbox"/> 70 YEARS <input type="checkbox"/> 75 YEARS <input type="checkbox"/> 80 YEARS <input type="checkbox"/> 85 YEARS <input type="checkbox"/> 90 YEARS <input type="checkbox"/> 95 YEARS <input type="checkbox"/> 100 YEARS <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ALSACE, LORRAINE</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE MAURER</u>		13b. MOTHER'S MAIDEN NAME <u>MAGDALENA SPECHT</u>	
14. NAME OF HUSBAND OR WIFE <u>FRED E. KUCHENBUCH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>RAYMOND KUCHENBUCH</u>		17. ADDRESS <u>7214 ARLINGTON</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident - hemorrhage</u>		DUE TO (b) _____				<u>45 hrs.</u>	
ANTECEDENT CAUSES		DUE TO (c) <u>Generalized arteriosclerosis</u>				<u>20 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.	
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) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 5-30-1952, to 5-30-1953, that I last saw the deceased alive on 5-30-1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E. Nichols M.D.</u>		23b. ADDRESS <u>6015 Brentwood</u>		23c. DATE SIGNED <u>6-1-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-2-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u>		ADDRESS <u>4228 S. KINGSHIGHWAY</u>	

DATE REC'D BY LOCAL REG. <u>6-1-53</u>		REGISTRAR'S SIGNATURE <u>Herkut R. Domb M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u>	
				ADDRESS <u>4228 S. KINGSHIGHWAY</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

Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

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.