

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33575**
Registrar's No. **9157**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2717a Ann Avenue		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Kuechenmeister		4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 3, 1876
9. AGE (In years last birthday) 77		10. UNDER 1 YEAR (Months) (Days)	10. UNDER 6 MRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY retired Brewery Worker	11. BIRTHPLACE (City and State or Foreign Country) Kimmswick, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jacob Kuechenmeister	
13b. MOTHER'S MAIDEN NAME Wilhelmina Laurel		14. NAME OF HUSBAND OR WIFE Julia Kuechenmeister	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT'S SIGNATURE OR NAME Julia Kuechenmeister		ADDRESS 2717a Ann Ave	
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) Uremia ANTECEDENT CAUSES Bladder Carcinoma DUE TO (b) Carcinoma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION see 10-52		19b. MAJOR FINDINGS OF OPERATION Carcinoma Bladder	
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)			
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? 181X			
22. I hereby certify that I attended the deceased from Sept 13, 1949 to Sept 18, 1953 , that I last saw the deceased alive on Sept 18, 1953 , and that death occurred at 8:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Elmer E. Nelson M.D.		23b. ADDRESS Academy Bldg	
23c. DATE SIGNED Sept 9-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 23, 1953	
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. SEP 22 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helberle		ADDRESS 3634 Gravois Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *264*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.