

FILED OCT 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37354

State File No. ....

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 10046

1. PLACE OF DEATH a. COUNTY		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 OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		STREET ADDRESS (If rural, give location) 804 Wilmington		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2019-0	
3. NAME OF DECEASED (Type or Print) a. (First) ROSIE		b. (Middle) A.		c. (Last) KUHN	
4. DATE OF DEATH (Month) (Day) (Year) 10-19-53		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan 8, 1883		9. AGE (in years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fred Schwobentha		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE Otto Kuhn		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 Stella Juengel		ADDRESS 3750 Dunnica			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MALIGNANT MELANOMA METASTATIC TO LIVER			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH APPROX 2 YRS			
II. OTHER SIGNIFICANT CONDITIONS		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) MALIGNANT MELANOMA OF CHOROID MIXED TYPE; LEFT EYE			
DUE TO (c)					
19a. DATE OF OPERATION Nov. 1952		19b. MAJOR FINDINGS OF OPERATION ENUCLEATION; O.S., Findings as above		20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 192X	
22. I hereby certify that I attended the deceased from 10-7, 1953, to 10-19, 1953, that I last saw the deceased alive on 10-19, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.					
23a. SIGNATURE JR Prady		(Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 10-20-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/22/53	
24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cem.		24d. LOCATION (City, town, or county) St Louis Mo.		(State)	
DATE REC'D BY LOCAL REG. OCT 21 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois	

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

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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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Grav*

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.