

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41604

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 990 Registrar's No. 2887

4001
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ROCKHILL</u>		c. LENGTH OF STAY (in this place) <u>2 YEARS</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NURSING HOME 9803 MANCHESTER ROAD.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ISABELLE</u> c. (Last) <u>MAHER KUHN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 8, 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT 14, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CORSETIERRE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DEPARTMENT STORE</u>	9. AGE (In years last birthday) <u>77</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>CAHOKIA, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JEREMIAH MAHER</u>		13b. MOTHER'S MAIDEN NAME <u>BRIDGET COLLINS</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN KUHN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>NOT KNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS ADELE M. WIENERS</u> ADDRESS <u>2318 MANCHESTER RD DES PERES, MO.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis - (Necrosis)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis, gen'l</u> 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 _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo 10 days</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) <u>446x</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 <u>June 6, 1948</u> , to <u>Nov 8, 1953</u> , that I last saw the deceased alive on <u>Nov 4, 1953</u> , and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Norman W. Deely M.D.</u> (Degree of title)		23b. ADDRESS <u>607 N Grand</u>	23c. DATE SIGNED <u>11/9/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 11, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood, MO.</u>
DATE REC'D BY LOCAL REG. <u>11/9/53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cravhan</u> ADDRESS <u>746 MANCHESTER AV St. Louis, 17, MO—</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
J. Allen Davis Jr.

Licensed Embalmer No. *4053*

P. O. Address *J. Davis*

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.