

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6483**
Registrar's No. **2059**

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 2247	
b. CITY OR TOWN ST. Louis		c. CITY OR TOWN ST. Louis	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Anthony's Hospital			
e. STREET ADDRESS		(If rural, give location)	
24 2907 1/2 Texas Ave.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Ella			March 4, 1954			
b. (Middle) Leim						
c. (Last) Kuehler						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2 Aug. 13, 1891	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Short Order Cook		10b. KIND OF BUSINESS OR INDUSTRY Mrs. Helling Restaurant		11. BIRTHPLACE (City and State or Foreign Country) ST. Louis, Mo.		12. COUNTRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Rinne	13b. MOTHER'S MAIDEN NAME Mathilda Roche	14. NAME OF HUSBAND OR WIFE Henry Leim Kuehler
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. 489-34-0831	17. INFORMANT'S SIGNATURE OR NAME Hulda Shannon ADDRESS 3600 N. 9th ST.

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) Acute coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 days 2 months 1 month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis		
	DUE TO (c) hypertension		
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 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? 4201

22. I hereby certify that I attended the deceased from **12-24, 1954**, to **3-4, 1954**, that I last saw the deceased alive on **3-3, 1954**, and that death occurred at **5:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Hecker	23b. ADDRESS 2840 1/2 Cahoon	23c. DATE SIGNED 3-4-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 6, 1954	24c. NAME OF CEMETERY OR CREMATORY Zions Cemetery
24d. LOCATION (City, town, or county) (State) ST. Louis, Co. Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Carl Smith M.D. Witt Bros. & U.C. 2929 S. Jefferson	
DATE REC'D BY LOCAL REG. MAR 5 1954	REGISTRAR'S SIGNATURE	

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 *J. M. Davis*.....

Licensed Embalmer No. 3741

P. O. Address 929 1/2

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.