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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 - 1954

State File No. **24823**
6722
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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 township) OR TOWN		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 15 4464 Bingham	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4464 Bingham		215-9 0	
3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) c. (Last) Kuechler			4. DATE OF DEATH (Month) (Day) (Year) July 18 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 31, 1882
9. AGE (In years less birthday) 77		10. UNDER 1 YEAR Months 0 Days 18	11. UNDER 1 Wks. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Bortosch	
13b. MOTHER'S MAIDEN NAME Dora Pine		14. NAME OF HUSBAND OR WIFE Edwin Kuechler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Edwin Kuechler		ADDRESS 4464 Bingham	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cancer of Liver - MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Jaundice - associated. *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND 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) 156.1			
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?			
22. I hereby certify that I attended the deceased from 4-30-1954 , to 7-3-1954 , that I last saw the deceased alive on 7-23-1954 , and that death occurred at 12:10 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John Kuechler MD		23b. ADDRESS 1504 So Grand	
23c. DATE SIGNED 7/20/54			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Crementation		24b. DATE July 21, 1954	
24c. NAME OF _____ OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUL 21 1954		REGISTRAR'S SIGNATURE Wm. Schumacher	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher		ADDRESS 3013 Meramec St.	

(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
Student Embalmer

Signed

Jack Haupt

Licensed Embalmer No. *4746*

P. O. Address *St. Louis, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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