

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29038

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7330

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

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo.  |  | b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>St. Louis   |  | c. LENGTH OF STAY (In this place)<br>9 DAYS  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>St. Louis |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Barnes Hosp.   |  | d. STREET ADDRESS<br>23 2201 a 11th St.  |  | 2239/0  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>Herman  |  | a. (First)<br>L.   |  | b. (Middle)<br>Kuehnel  |  |
| c. (Last)<br>Kuehnel  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Aug. 5 1954  |  |   |  |
| 5. SEX<br>Male  |  | 6. COLOR OR RACE<br>White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married                               |  |
| 8. DATE OF BIRTH<br>Apr. 5, 1901  |  | 9. AGE (In years last birthday)<br>53  |  | 10. IF UNDER 1 YEAR<br>Months Days<br>4   |  |
| 11. IF UNDER 24 HRS.<br>Hours Min.<br>0   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Brewery Worker  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Busch  |  |
| 11. BIRTHPLACE (State or foreign country)<br>St. Louis, Mo.   |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |  |   |  |
| 13a. FATHER'S NAME<br>George Kuehnel  |  | 13b. MOTHER'S MAIDEN NAME<br>Wilhelmina Rogge  |  | 14. NAME OF HUSBAND OR WIFE<br>Marie Kuehnel  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)<br>No.   |  | 16. SOCIAL SECURITY NO.<br>(If yes, give war or dates of service)<br>494-01-3743   |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Marie Kuehnel  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock - Bronchoscopy<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Bronchiectasis<br>DUE TO (c) Chronic pneumonitis<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Emphysema |  | INTERVAL BETWEEN ONSET AND DEATH<br>5 days<br><br>Yrs.<br><br>Yrs<br><br>Yrs                    |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>             |  |
| 21a. ACCIDENT SUICIDE HOMICIDE<br>(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<br>(Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br>526x  |  |
| 22. I hereby certify that I attended the deceased from July, 1954, to Aug 5, 1954, that I last saw the deceased alive on Aug 5, 1954, and that death occurred at 2:20 p. m., from the causes and on the date stated above.      |  |  |  |   |  |
| 23a. SIGNATURE<br>Melvin L. Goldman, M.D.   |  | (Degree or title)  |  | 23b. ADDRESS<br>634 N. Grand  |  |
| 23c. DATE SIGNED<br>Aug 6, 54   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>removal   |  | 24b. DATE<br>Aug. 9, 1954   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br>New St. Marcus  |  | 24d. LOCATION (City, town, or county)<br>St. Louis, County   |  | (State)<br>Mo.  |  |
| DATE REC'D BY LOCAL REG.<br>AUG 9 1954  |  | REGISTRAR'S SIGNATURE<br>Carl Smith  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Wm. Schumacher  |  |
|   |  | ADDRESS<br>3013 Meramec st.  |  |   |  |

**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 James Mo.

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