

STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1954

REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 76

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Meramec</u>		c. CITY OR TOWN <u>Rural Meramec</u>	
c. LENGTH OF STAY (In this place) <u>11 yrs</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>House Springs RR#1</u>		e. STREET ADDRESS (If rural, give location) <u>House Springs Mo RR#1</u>	
3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>—</u> c. (Last) <u>KUHS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 9-1954</u>
5. SEX <u>GM</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>GM</u>	8. DATE OF BIRTH <u>July 27-1909</u>
9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months <u>2</u> IF UNDER 4 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Monsanto Chemical Co</u>	
11. BIRTHPLACE (City, and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Kuh</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Wanda Kuh</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>	
16. SOCIAL SECURITY # <u>491-12-6764</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wanda Kuh House Springs 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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>—</u>			
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 <u>4200</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>Aug. 15, 1954</u> , to <u>Sept 9, 1954</u> , that I last saw the deceased alive on <u>Sept 8, 1954</u> , and that death occurred at <u>3 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert W. Tichnor M.D.</u>		23b. ADDRESS <u>P.O. Box 6 Springfield 23 Mo</u>	
23c. DATE SIGNED <u>9-11-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>9/13/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Martin's Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>High Ridge Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gugenheim Bros. Mort. St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 18-54</u>		REGISTRAR'S SIGNATURE <u>Ruth J. ... 438</u>	

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED  
SEP 23 1954

SEP 27 1954

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.....  
*Paul M. Szymora*

Licensed Embalmer No. *4343*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.