

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35599  
State File No. 9209  
Registrar's No.

FILED OCT 26 1954  
BIRTH NO. 73665-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>St. Louis</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>St. Louis</b>                             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Saint Louis Maternity</b>                                |  | d. STREET ADDRESS (If rural, give location)<br><b>24 3930a South Broadway</b>  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) <b>CHRISTINE</b><br>a. (First) b. (Middle) c. (Last)<br><b>Kuelker</b> |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>October 11 1954</b> |   |  |
| 5. SEX<br><b>Female</b>   |  | 6. COLOR OR RACE<br><b>White</b>                    |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)                          |  |
| 8. DATE OF BIRTH<br><b>October 9 1954</b>   |  | 9. AGE (In years last birthday)<br><b>1</b>         |  | 10. MONTHS   YEARS   DAYS<br><b>19   11   15</b>                                |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                   |  | 10b. KIND OF BUSINESS OR INDUSTRY                   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis Missouri</b> |  |
| 12. CITIZEN OF WHAT COUNTRY?  |  | 13a. FATHER'S NAME<br><b>Roland Bernard Kuelker</b> |  |   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Barbara Mary Schutte</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>---</b>           |  |   |  |
| 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.                             |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Barbara &amp; Roland Kuelker</b>        |  |

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>Prematurity</b><br><br>DUE TO (b)<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hrs.</b>                                  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY?<br>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) (Min.) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR<br><b>776X</b>        |  |

22. I hereby certify that I attended the deceased from **Oct 9, 1954, to Oct 11, 1954**, that I last saw the deceased alive on **Oct 11, 1954**, and that death occurred at **2:15 A.M.**, from the causes and on the date stated above.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 23a. SIGNATURE<br><b>Laurence E. Morse</b><br>(Degree or title)     |  | 23b. ADDRESS<br><b>M.D. 6305. Kingshighway</b>                          |  | 23c. DATE SIGNED<br><b>10-11-54</b>                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>         |  | 24b. DATE<br><b>10-11-54</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>PARK LAWN</b>                  |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>LEMBAY, Mo.</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>FENDLER 4th Co 7420 Michigan</b> |  | ADDRESS   |  |
| DATE REC'D BY LOCAL REG.<br><b>OCT 11 1954</b>                      |  | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith M.D.</b>                      |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>FENDLER 4th Co 7420 Michigan</b> |  |

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

5017-1-1-10

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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. G. Peterson* \_\_\_\_\_

Licensed Embalmer No. *3767* \_\_\_\_\_

P. O. Address *7420 Michigan* \_\_\_\_\_

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.