

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17345

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 300 Registrar's No. 1117

1. PLACE OF DEATH a. COUNTY SAINT LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BEL RIDGE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BEL RIDGE	
c. LENGTH OF STAY (In this place) 6 yrs.		d. STREET ADDRESS (If rural, give location) 8821 Ramona	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8821 Ramona			

3. NAME OF DECEASED (Type or Print) LENA		a. (First) ***** KUEMMERLE		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MAY 16 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 1, 1871		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Housework AT Home			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Frederick Krehmeyer		13b. MOTHER'S MAIDEN NAME Minnie Henselmeier		14. NAME OF HUSBAND OR WIFE William Kuemmerle	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Harry Kuemmerle, 8715 Nat'l. Bridge 21	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno-Carcinoma, Multiple. Right cervical, rt. shoulder, right arm.		INTERVAL BETWEEN ONSET AND DEATH 8 Months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Adeno-Carcinoma, rt. ovary		19. Months 19	
DUE TO (c)		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 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) Bel Ridge St. Louis Mo.	
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?	

22. I hereby certify that I attended the deceased from May, 1952, to May 16th, 1953, that I last saw the deceased alive on May 14th, 1953, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edwin J. Kuebler, M.D.</u> (Degree or title)		23b. ADDRESS <u>3635 No. Kemmerle Ave</u>		23c. DATE SIGNED <u>5-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>May 18, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Missouri</u>			

DATE REC'D BY LOCAL REG. <u>5/17/55</u>		REGISTRAR'S SIGNATURE <u>Heber K. Stambaugh</u>		15. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ALVIN F. FEUTZ, 4828 Nat'l Bridge Blvd. 15</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1000-3
State in County

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 John A. Miller
Licensed Embalmer No. 4186

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