No. 300
10-48

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

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20173

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4813

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3327 Klein St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3327 Klein St.

26 2269

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): FRED
c. (Last): KUHN

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 30 1894
9. AGE (In years last birthday): 60 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodworker
10b. KIND OF BUSINESS OR INDUSTRY: Scroll Kraft Studios
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Matthew Kuhn
13b. MOTHER'S MAIDEN NAME: Amelia Traeger
14. NAME OF HUSBAND OR WIFE: Harriett E. Hagler Kuhn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 494-03-3484
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Harriett Kuhn, 3327 Klein Street

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Left Upper Lobe — INTERVAL BETWEEN ONSET AND 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

163.X

22. *I hereby certify that I attended the deceased from* May 13, 1955, *to* May 31, 1955, *that I last saw the deceased alive on* May 29, 1955, *and that death occurred at* 11:50 Am., *from the causes and on the date stated above.*

23a. SIGNATURE Clyde E. Kane (Degree or title) M.D.
23b. ADDRESS 706 Walton
23c. DATE SIGNED 5-31-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-3-55
24c. NAME OF CEMETERY OR CREMATORY: St. Paul Churchyard
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JUN 2 1955
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: BEIDERWIEDEN F.H., Inc., 1936 St. Louis Av.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Clyde Kane
706 Walton
1-5 & 8-10

Phone- [illegible]
Hours

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No. Non

working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 34

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.