No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28363

FILED SEP 13 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2011

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis Co.
c. CITY OR TOWN: Berkely
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4425 Fairfield / 21

3. NAME OF DECEASED (Type or Print): a. (First) Rose b. (Middle) C. c. (Last) Kueck.

4. DATE OF DEATH (Month) (Day) (Year): August 26,1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 17,1882.
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 8 Days 0 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook's Helper
10b. KIND OF BUSINESS OR INDUSTRY: Restaurants
11. BIRTHPLACE (City and State or Foreign Country): Alma Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry Strathman.
13b. MOTHER'S MAIDEN NAME: Mattie Schuette.
14. NAME OF HUSBAND OR WIFE: Edward Kueck.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): _____
16. SOCIAL SECURITY NO.: 497-03-4202
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs.Oliver Klotsch.4425 Fairview.

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) Intracranial hemorrhage and

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) brain damage as a result of
DUE TO (c) accident trauma

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E9000
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home of daughter
21c. (CITY, TOWN, OR TOWNSHIP) Affton, Mo. (COUNTY) St. Louis (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) Aug. 26, 1955 (Hour) 9:45 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell down basement stairway in home of daughter at 8245 Southview, Affton, Mo.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 9:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arnold Guillmann, Coron.
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 8-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug.30,1955.
24c. NAME OF CEMETERY OR CREMATORY: New Bethlehem Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis County,Missouri.

DATE REC'D BY LOCAL REG. 8/29/55
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Beiderwieden F,H,Inc.1936 St.Louis Ave.

S.G. (Licensed Embalmer's Statement on Reverse Side)

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. .....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 45 I

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.