

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 7 1956

State File No. 34455

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 212					
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Charles		c. LENGTH OF STAY (In this place) life		c. CITY OR TOWN St. Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 530 Morgan St.				e. STREET ADDRESS (If rural, give location) 530 Morgan							
3. NAME OF DECEASED (Type or Print) George			a. (First) C.		b. (Middle) Kuehler		c. (Last)				
4. DATE OF DEATH		(Month) Oct.		(Day) 28,		(Year) 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 19, 1878					
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 1		IF UNDER 1 YEAR Days 9		IF UNDER 1 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) upholsterer			10b. KIND OF BUSINESS OR INDUSTRY own (retired)		11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Henry Kuehler			13b. MOTHER'S MAIDEN NAME Barbara Arb			14. NAME OF HUSBAND OR WIFE Rosa Fischer					
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. 499-03-4861		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosa Kuehler, St. Charles, Mo.						
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) MYOCARDIAL INFARCTION INTERVAL BETWEEN ONSET AND DEATH 12 HRS ANTECEDENT CAUSES DUE TO (b) CORONARY ARTERY OCCLUSION 12 HRS DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE 10 YRS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H 200				19. DATE OF OPERATION			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			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 DEC. 9, 1950, to OCT. 28, 1955, that I last saw the deceased alive on OCT. 24, 1955, and that death occurred at 9:20 A.M., from the causes and on the date stated above.											
23a. SIGNATURE Paul H. Kotter (Degree or title) M.D.				23b. ADDRESS 114 N. MAIN ST. CHARLES MO				23c. DATE SIGNED 10/31/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 31, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.					
DATE REC'D BY LOCAL REG Oct 31 1955		REGISTRAR'S SIGNATURE 284-0 Francis Beckett			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Dellmeyer, St. Charles, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Frank R. Amalan

Licensed Embalmer No. 4

P. O. Address.....
St. Charles

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