

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28713

6874

| | | | | | | | |
|--|-----------------------------------|---|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. Louis, | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4661 Adkins Ave., | | | | e. STREET ADDRESS (If rural, give location) 15 4661 Adkins Ave., | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Emil b. (Middle) _____ c. (Last) Kuehner, | | | 4. DATE OF DEATH (Month) (Day) (Year) July 22, 1956 | | | | |
| 5. SEX Male. | 6. COLOR OR RACE White, | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married, | 8. DATE OF BIRTH August 21, 1879 | | 9. AGE (In years last birthday) 76 | 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) Baking Foreman-Retired | | 10b. KIND OF BUSINESS OR INDUSTRY 6 Yrs. Union Buscuit | | 11. BIRTHPLACE (City and State or Foreign Country) Millstadt, Illinois, | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Peter Kuehner, | | 13b. MOTHER'S MAIDEN NAME Magdalen Schilling, | | 14. NAME OF HUSBAND OR WIFE Kathryn V. Kuehner, | | | |
| 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. 489-07-2877-A | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kathryn V. Kuehner, 4661 Adkins Ave., | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion Ch. Myo carditis. 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. | | | | INTERVAL BETWEEN ONSET AND DEATH 4 hrs. | |
| 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) 4201 (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? | | | |
| 22. I hereby certify that I attended the deceased from 19 37 , to July 22, 19 56 , that I last saw the deceased alive on July 21, 19 56 , and that death occurred at 2:30 PM , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) A. R. Ehrlich M.D. | | | | 23b. ADDRESS 3606 Gravois | | 23c. DATE SIGNED 7-23-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal. | | 24b. DATE 7/25/56 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery, | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri, | | |
| DATE REC'D BY LOCAL REG. JUL 24 1956 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. m.g.a. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo. | | | |

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 me, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joe S Benz
Licensed Embalmer No..... 424
2842 Meramec
P. O. Address St., Louis,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.