

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25146**

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 67	
1. PLACE OF DEATH a. COUNTY JEFFERSON				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 ROCK TOWNSHIP		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS MO		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 NEAR FLAMM CITY MO				e. STREET ADDRESS (If rural, give location) ? ARSENAL ST. 2009			
3. NAME OF DECEASED (Type or Print) a. (First) MADGE b. (Middle) M. c. (Last) KUEHNE			4. DATE OF DEATH (Month) (Day) (Year) JULY 20 - 1957				
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB 3, 1905		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) INDIANA			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME BLACKFORD		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ROY KUEHNE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS JEANNE HUGHES 4048 ROBERT ST LOUIS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNIN G 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 _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) CREEK.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rock Jeff. MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from Inquest, 1957 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:20 m. , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Robert E. Baum				23b. ADDRESS HEILIGTAG FUN. HOME IMPERIAL MO.		23c. DATE SIGNED 7/27/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JULY 24 57	24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S Cem.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL REG. 7-26-57	REGISTRAR'S SIGNATURE Robert E. Baum		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUN. HOME IMPERIAL MO.				

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 6 1957

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 *Arthur W. Seibert* _____

Licensed Embalmer No. 3872

P. O. Address *Imperial*

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.