

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016054

STATE FILE NUMBER

FILED APR 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3930

300  
-57

3

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ENROUTE BARNES HOSPITAL</b>		Length of stay in 1b <b>2 1/2</b>	d. STREET ADDRESS (If outside, give location) <b>4454 SO 37<sup>th</sup> ST</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>HELEN</b> Middle <b>KUHN</b> Last <b>KUHN</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>6</b> Year <b>1958</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 28 1916</b>
9. AGE (In years last birthday) <b>42</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERICAL WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>NEW JERSEY</b>
12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>		13a. FATHER'S NAME <b>MICHAEL GODEK</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>
14. NAME OF HUSBAND OR WIFE <b>JOHN P KUHN</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>490-03-3330</b>
17. INFORMANT <b>JOHN P KUHN</b>		Address <b>4454 SO. 37<sup>th</sup> ST.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral arterial embolism</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Rheumatic heart disease with mitral stenosis</b>			<b>10 years</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>410x</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>1953</b> to <b>1958</b> and last saw her alive on <b>4/1/58</b> Death occurred at <b>115 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>N. P. Krowlth Jr MD</b> (Degree or title)		22b. ADDRESS <b>3720 Washington St Louis Mo</b>	22c. DATE SIGNED <b>4/8/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>APRIL 9 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
24. FUNERAL DIRECTOR <b>Thomas Klutia</b>	ADDRESS <b>2906 Gravia</b>	25. DATE RECD. BY LOCAL REG. <b>APR 8 '58</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b> <b>mjb</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

10 A.M. 12:30  
Free  
body.

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 *Leop. Budde* .....  
Licensed Embalmer No. *3989* .....  
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.