Health, Welfare Public Service

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FILED APR 21 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016932
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 986

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LEMAY — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 709 KARLSRUHE PL — Length of stay in Ib: YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST LOUIS
c. CITY OR TOWN: LEMAY 4000 — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 709 KARLSRUHE PL — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: ANDREW Middle: Last: KUEHN

4. DATE OF DEATH Month: APRIL Day: 7 Year: 1958

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: JAN 12 1890

9. AGE (In years last birthday): 68 — 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): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: STEIMKE MFG CO

11. BIRTHPLACE (City and state or country): AUSTRIA 4

12. CITIZEN OF WHAT COUNTRY?: U-S-A

13a. FATHER'S NAME: JOSEPH KUEHN

13b. MOTHER'S MAIDEN NAME: ELIZABETH KEGLER

14. NAME OF HUSBAND OR WIFE: BARBARA KUEHN

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.: 487-18-0814

17. INFORMANT: BARBARA KUEHN Address: 709 KARLSRUHE PL

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hepatic Abscess Multi	1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute myocarditis	2 days
DUE TO (c)	Pancreatitis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 582X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 March 6 1958 to April 7 and last saw her/him alive on April 6 - 1958
Death occurred at 7 45 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. Sandsbury MD 0

22b. ADDRESS: 3548 Sidney St

22c. DATE SIGNED: 4/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: APRIL 10 1958

23c. NAME OF CEMETERY OR CREMATORY: SUNSET BURIAL PARK

23d. LOCATION (City, town, or county) (State): ST LOUIS MO

24. FUNERAL DIRECTOR: Thomas Curtis **ADDRESS**: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: 4-8-58

26. REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Samuel C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Davis

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.