

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State No. **58-019882**  
Registrar's No. **5406**

FILED MAY 29 1958

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5406**

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

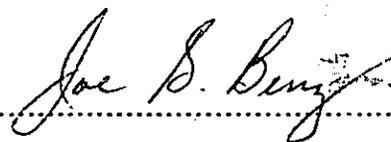
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>St. Louis,</b>		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 <b>Firmin Desloge Hospital,</b>			e. STREET ADDRESS (If rural, give location) <b>2229 3512 Minnesota Ave.,</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>RONO</b>		b. (Middle) _____	c. (Last) <b>KUHN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 22, 1958</b>
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>January 5, 1896</b>	9. AGE (In years last birthday) <b>62</b>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Central Tool &amp; Die</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Jacob Kuhn,</b>		13b. MOTHER'S MAIDEN NAME <b>Nona Pflueger</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Kuhn,</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>497-03-6721</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna Kuhn, 3512 Minnesota Ave.,</b>		
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) <b>DUODENAL &amp; ENTERIC FISTULAE</b> <b>P.O. SUBTOTAL GASTRECTOMY -</b> ANTECEDENT CAUSES <b>GASTRIC ULCER -</b> DUE TO (b) <b>SUBTOTAL</b> DUE TO (c) <b>SUBTOTAL</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>BRONCHO PNEUMONIA - RENAL FAILURE</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 WKS</b> <b>10 YEARS</b>
19a. DATE OF OPERATION <b>3-15-58</b> <b>3-1-58</b> <b>3-20-58</b>	19b. MAJOR FINDINGS OF OPERATION <b>GASTRIC ULCER; SUBHEPATIC ABSCESS; GASTRO-DUODENAL-COLIC FISTULA; GEN. PERITONITIS.</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>540.0</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 <b>March 9, 1958</b> , to <b>May 22, 1958</b> , that I last saw the deceased alive on <b>May 22, 1958</b> , and that death occurred at <b>7:30 a. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>William J. Osterweil</b> (Degree or title) _____			23b. ADDRESS <b>1225 S. Grand St. Louis</b>		23c. DATE SIGNED <b>5/22/58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>	24b. DATE <b>5/24/58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul Cemetery,</b>	24d. LOCATION (City, town or county) (State) <b>St. Louis, Missouri,</b>		
DATE REC'D BY LOCAL REGISTRY <b>MAY 23 1958</b>	REGISTRAR'S SIGNATURE <b>Paul Smith Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b>		

**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.....



Licensed Embalmer No. .... 4249 .....  
2842 Meramec St  
P. O. Address ... St. Louis, Mo. ...

**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.