

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023109
STATE FILE NUMBER
2, 5214

FILED JUN 19 1959

Registration District No.

Primary Registration District No.

Registration No.

S. 300
v. 1-57
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Baden	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 956 Melvin	
3. NAME OF DECEASED (Type or print) First John Middle H. Last Kuehling		4. DATE OF DEATH Month May Day 28 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 28, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Brewer		10b. KIND OF BUSINESS OR INDUSTRY Anheuser Busch	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Charles Kuehling		13b. MOTHER'S MAIDEN NAME Anna Sanford	14. NAME OF HUSBAND OR WIFE Mary Kuehling
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. 488-098913	17. INFORMANT Address Mary Kuehling 956 Melvin Baden, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of Strach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio Sclerosis DUE TO (c) Hypertension 151x			INTERVAL BETWEEN ONSET AND DEATH
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 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 5/1/59 to 5/28/59 and last saw him alive on 5/28/59 Death occurred at 5 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Otto C. Hansen M.D.		22b. ADDRESS 3012 Lafayette av	
22c. DATE SIGNED 5/29/59		22d. DATE OF DEATH	
23a. CREMATION, REMOVAL (Specify) Removal		23b. DATE JUNE-1-1959	
23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK		23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
24. FUNERAL DIRECTOR Schumacher's 3013 Meramec St		25. DATE RECD. BY LOCAL REG. JUN 1 '59	
26. REGISTRAR'S SIGNATURE Lead Smith, M.D.		26. REGISTRAR'S SIGNATURE MDB	

O.C.

DR. HANSEK
3012 Lafayette

NO 1-3978

-6:00 P.M. E. O. R. M

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 *Jack Haupt*

Licensed Embalmer No. *4746*

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.