

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Altenheim		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3476 Morganford Rd.
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHRISTIAN KUHN			4. DATE OF DEATH Month Day Year Nov. 28, 1960		
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 3/12/1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer		10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (City and state or country) Wurtenburg, Germany		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Friedrich Kuhn		13b. MOTHER'S MAIDEN NAME Schmitzer		14. NAME OF HUSBAND OR WIFE Alma (Bruns) Kuhn	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. 492-05-4613	17. INFORMANT E.W. Piehl	Address 8721 Halls Ferry Rd.
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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) <i>Myocardial infarction</i>		<i>1/2 hr</i>
DUE TO (b) <i>Generalized arteriosclerosis</i>		<i>10 yrs</i>
DUE TO (c) <i>420.1</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Paralysis agitans</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from <i>April 1953</i> , to <i>Nov 28 1960</i> and last saw him alive on <i>Nov 21 1960</i> Death occurred at <i>5:30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>R. G. Mussbaum M.D.</i>	(Degree or title)	22b. ADDRESS <i>3701 Grandel Sq.</i>	22c. DATE SIGNED <i>11-28-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>11/30/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Our Redeemer Cemetery</i>	23d. LOCATION (City, town, or county) <i>St. Louis County, Missouri</i>	(State)
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24. FUNERAL DIRECTOR <i>BEIDERWIEDEN F.H. INC.</i>	ADDRESS <i>1936 St. Louis Ave.</i>	25. DATE RECD. BY LOCAL REG. <i>NOV 29 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loed Smith, M.D.</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Dr. Nussbaum - Grandel Sq.
12-4 PM

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 Homer W. Drutz

Licensed Embalmer No. 3882

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.