

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-015343

AMENDED

Registered District No. **318** Primary Registration District No. **1003** Registrar's No. **3476** STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis City Hosp. # 1** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS **7904 Ivory Ave.** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **HENRY** Middle _____ Last **KUHN**
4. DATE OF DEATH Month **April** Day **11** Year **1961**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. Married** **Never Married**
Widowed **Divorced** **8. DATE OF BIRTH** **10-30-1874** **9. AGE (last birthday)** **86**
 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Vender**
10b. KIND OF BUSINESS OR INDUSTRY **Retired** **11. BIRTHPLACE** (City and state or country) **Switzerland**
12. CITIZEN OF WHAT COUNTRY **Unknown**

13a. FATHER'S NAME **Henry Kuhn** **13b. MOTHER'S MAIDEN NAME** **Martha (Unknown)**
14. NAME OF HUSBAND OR WIFE **Anna (deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **unknown**
16. SOCIAL SECURITY NO. **unknown** **17. INFORMANT** **City Hospital Records**
 Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Purulent Peritonitis**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
 DUE TO (c) _____ **153.3**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Status post anterior resection**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
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 **3/19/61** to **4/11/61** and last saw her/him alive on **4/11/61**
 Death occurred at **1:25 a.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. R. White, M.D.** **22b. ADDRESS** **1515 Lafayette Ave.** **22c. DATE SIGNED** **4/11/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **23b. DATE** **4-12-61** **23c. NAME OF CEMETERY OR CREMATORY** **St. Matthew** **23d. LOCATION** (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR'S ADDRESS **Fern F. Home, McKelville, Mo.** **25. DATE RECD. BY LOCAL REG.** **APR 11 1961** **REGISTRAR'S SIGNATURE** **Ed Smith, M.D.**

DATE AMENDED _____
 INSTEAD OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____
 ITEM NO. _____

for carcinoma of sigmoid colon

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 _____

Not Embalmed
David Stark
Licensed Embalmer No. _____

P. O. Address _____

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.