MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-025758

STATE FILE NUMBER

AMENDED

Registration District No. 163 Primary Registration District No. 3396 Registrar's No. 40

FILED AUG 7 1961

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: VALLE — Length of stay in 1b: 13 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route #1 De Soto, Mo — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: JEFF
c. CITY OR TOWN: DE SOTO — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ROUTE #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: WILLY Middle: Frederick Last: KUEMMEL

4. DATE OF DEATH: Month: JULY Day: 29 Year: 1961

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: OCT 8 1891
9. AGE (last birthday): 69
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): GERMANY
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: FREDERICK A. KUEMMEL
13b. MOTHER'S MAIDEN NAME: WILHOMIA KOSSMAN
14. NAME OF HUSBAND OR WIFE: Clara Kuemmel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

17. INFORMANT: Clara Kuemmel Address: R#1 DeSoto, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchogenic Carcinoma Left Lung — INTERVAL BETWEEN ONSET AND DEATH: 1960-61
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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

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 July 1960, to July 29-61 and last saw him alive on July 29-1961
Death occurred at 3:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. E. Pierce (Degree or title) D.O.
22b. ADDRESS: 105 Easton DeSoto Mo
22c. DATE SIGNED: 7-31-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/31/61
23c. NAME OF CEMETERY OR CREMATORY: Park Lawn
23d. LOCATION (City, town, or county) (State): St Louis Co Mo

24. FUNERAL DIRECTOR: MAHN Funeral Home ADDRESS: DeSoto, Mo
25. DATE RECD. BY LOCAL REG.: 8-2-1961
26. REGISTRAR'S SIGNATURE: Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

AUG 9 1967

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 Gerald J. Mahn

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.