

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046455

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3459

FILED NOV 20 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 400.3

2 1736.0

3

4 0

5 1

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7 0

8 2

9 4200

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12 44.0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kirkwood</i>		Length of stay in 1b <i>2 days</i>	c. CITY OR TOWN <i>Sabadie</i>
c. FULL NAME OF (If NOT in hospital, give location) <i>St. Joseph Hospital</i>		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>H.</i> Last <i>Kuelper</i>		4. DATE OF DEATH Month <i>Nov.</i> Day <i>11</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2/17/1891</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Business</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>
13a. FATHER'S NAME <i>John Kuelper</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Schulte</i>	14. NAME OF HUSBAND OR WIFE <i>Wesley Kuelper</i>
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17. INFORMANT <i>Mrs. Ernst Schulte, Sabadie, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congenital Heart Failure</i> DUE TO (b) <i>Arterio-sclerotic hypertensive heart disease</i> DUE TO (c) <i>Pneumonia - Bronchial</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>CVA - & paralysis of the left side</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	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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
21. I attended the deceased from <i>Nov 16 - 1963</i> to <i>Nov 11 - 1963</i> I first saw him live on <i>Nov 11 - 1963</i> Death occurred at <i>12:20 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>D. Becker MD</i>		22b. ADDRESS <i>Page 1 w 11/12/63</i>	22c. DATE SIGNED <i>11/12/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Nov 14, 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Paul Churchyard</i>	23d. LOCATION (City, town, or rural) <i>St. Louis, Mo.</i>
24. FUNERAL DIRECTOR <i>Neuberg & Sons, Washington, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>11-17-63</i>	26. REGISTRAR'S SIGNATURE <i>John E. Murphy MD</i>

(License Embalmer's Statement on Reverse Side)

NOV 26 1963

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

Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address

Washington, 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.