# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.
21309

**1. PLACE OF DEATH**

County..... Registration District No. 791
Township..... Primary Registration District No. 1005
City St. Louis (No. Deaconess Hospital St. ..... Ward)

File No.....
Registered No. 5867

**2. FULL NAME** Edwin A. Kuhn

(a) Residence, No. 3009 McNair Ave St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1906

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 26 | 1 | 12 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 105

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Office

10. Date deceased last worked at this occupation (month and year) June 18, 1932

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

**FATHER**

13. NAME Chas. E. Kuhn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hoboken, New Jersey

**MOTHER**

15. MAIDEN NAME Gertrude Götz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mr. Gertrude Kuhl Scholl
(ADDRESS) 5308 Queens Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Bur. Park DATE June 24, 1932

19. UNDERTAKER Witt Bros. F. & M. Co.
(ADDRESS) 2922 S. Jefferson

20. FILED JUN 22 1932 Wm. C. Stark M.D. Registrar. 6/22/32

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance, 19..., to ..., 19...
I last saw h..... alive on ..., 19..... Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of fifth Cervical Vertebra received when diving in Meramec River | |
| Other contributory causes of importance: Bonfait Mo. | |
| 1910 Accident | |
| 1948 " | 306 |

Name of operation..... Date of.....
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 6-19, 1932
Where did injury occur? Bonfait Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Meramec River
Manner of injury Diving into water
Nature of injury Fracture of Vertebra

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) J. W. Lemon, M. D.
(Address) Dep. Coroner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD