

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20734

Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No. **1003**
- (b) Township..... Primary Registration District No. Registered No. **5873**
- (c) City St. Louis Missouri (d) Street No. 4328 McRee Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 4328 McRee Ave St. **17** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Wm L. Bishop</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2nd 1870</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>3</u>	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>				
FATHER	13. NAME <u>Louis P. Kuehne</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Ruth Flemming 4328 McRee Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lake Charles Cem.</u> DATE <u>6/30</u> 19 <u>38</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>Chas. A. Bull 4457 Washington Bl.</u>				
20. FILED <u>J. D. Bishop</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28 1938

22. I HEREBY CERTIFY That I attended deceased from June 26 to July 28 1938.
I last saw her alive on July 28 1938. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:
Pericardial Bremsia
Coronary Vascular disease
Date of onset

Other contributory causes of importance:
None

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... None
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Ruth Flemming M. D.
(Address) 6125 Baltimore

(Licensed Embalmer's Statement on Reverse Side)

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

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.

JUN 29 1938

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed John Ketter
Licensed Embalmer No. 3880

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.)