V. S. No. 2
50M—5-42
Rev. 5-17-39
1 X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35604

State File No.

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9428

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2026 Withnell /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000 17

(c) City or town: St. Louis, 924
(If outside city or town limits, write "RURAL")

(d) Street No.: 2026 Withnell
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: ~~Franciska~~ Frances Kuhn

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: John Kuhn

6. (c) Age of husband or wife if alive: 30 years

7. Birth date of deceased: June (Month) 30 (Day) 1862 (Year)

8. AGE: Years 80 Months 4 Days 9 If less than one day hr. min.

9. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation: Home

11. Industry or business: --

MOTHER FATHER

12. Name: Eberhardt

13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: William Kuhn

(b) Address: 2026 Withnell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 12 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: Fischer Kilbick Undt. Co.

(b) Address: 2634 Gravois Avenue

19. (a) NOV 12 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9 year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 7, 1942, to Nov 9, 1942, that I last saw him alive on Nov 9, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 weeks
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: A. E. Tyrk M.D. (M. D. or other)

Address: 5544 Delmar Date signed Nov 11, 1942

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Frank J. Rylands

Licensed Embalmer No. 9645

P. O. Address St Louis 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 this body is not embalmed, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9428

On this 6th day of July, 1943, before me appears Mr. William Kuhn, who, upon his oath, states that the original record of ~~bxx~~ death for his mother-Franciska Kuhn died ~~xxx~~ Nov. 9th, 1942, in the State of Missouri, and which was filed at St. Louis, Mo. on 9-12-, 1943 should be corrected as follows:

Item No. 3 should read Frances Kuhn

Instead of Franciska Kuhn

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Will. A. Kuhn - Son
Relationship.

2026 Withnell
Present Address.

Subscribed and sworn to before me this 6 day of July, 1943

My Commission expires Expires March 4, [illegible]

Edna C. Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-8-42
I X33820

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