

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24435

Registrar's No. 136

BIRTH NO. 43109-50		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058	
1. PLACE OF DEATH a. COUNTY St. Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Florissant		11000
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			d. STREET ADDRESS (If rural, give location) R.R. # 3 Box 401		
3. NAME OF DECEASED (Type or Print) a. (First) Diana		b. (Middle) Kay	c. (Last) Kuehler	4. DATE OF DEATH (Month) (Day) (Year) July 30, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH July 24, 1950	9. AGE (In years last birthday) 5	10. IF UNDER 1 YEAR 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? 0	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Marvin A. Kuehler		13b. MOTHER'S MAIDEN NAME Mary Ann Dickrent		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Marvin A. Kuehler, Florissant Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying; such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (6 mos)			INTERVAL BETWEEN ONSET AND DEATH 5 1/2 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7910A	
19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION →			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? —			
22. I hereby certify that I attended the deceased from 7/24/1950, to 7/30/1950, that I last saw the deceased alive on 7/29/1950, and that death occurred at 6:50A-m., from the causes and on the date stated above.					
23a. SIGNATURE J. Smalley, M.D.		(Degree or title) U		23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 7/30/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 1 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town; or county) (State) St Charles Mo		
DATE REC'D BY LOCAL REG. 8/21/50	REGISTRAR'S SIGNATURE Kamie	204 Funeral Director's Signature Hachmann	25. FUNERAL DIRECTOR'S SIGNATURE Hachmann	ADDRESS St Charles Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

9233

OFFICIAL RECORD

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.

Signed Arthur C. Bane

Signed.....
Student Embalmer

Licensed Embalmer No. 2155

P. O. Address St Charles 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.