

No. 2
1-5-43
5-17-39
I X36971

State File No. _____

FILED JUN 11 1946

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 155

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME JOHN KUCHLIN

3. (b) If veteran, name war

3. (c) Social Security No. UNKNOWN

4. Sex SM

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased: January 20 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>3</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace: Bergen Co. New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Stationary Engineer

12. Name: Christean Kuchlin

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

14. Maiden name: Marie Salome Ulz

15. Birthplace: Freiburg Baden Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Clare Kuchlin

(b) Address: 36 Pear Bonne Terre Mo

17. (a) Burial (b) Date thereof: 5-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Francois, Mo

18. (a) Signature of funeral director: Benham & Co

(b) Address: 313 Benham Bonne Terre Mo

19. (a) 5/10/46 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. 36 Pear St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th
year 1946 hour 7 minute 12 P. M.

21. I hereby certify that I attended the deceased from April 19 1946 to April 29 1946
that I last saw him alive on April 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Due to: Coronary heart disease - 6 yrs.

Due to: _____

Other conditions: Hypertension
(Include pregnancy within 3 months of death) Hypertrophic cardiomyopathy

Major findings: _____
Of operations: _____

Of autopsy: gfd

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? _____

While at work? _____ (Specify type of place)

Means of injury: _____

23. Signature: W. J. Haw, Jr. (M. D. or other) MD

Address: Bonne Terre, Mo. Date signed: 5/10/46

Duration

13 years

13 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

289

RECEIVED

District Health Officer No. 4

District File Number 646-2

Date Filed 6-10-40

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

C. J. Claywell

Licensed Embalmer No.

3706

P.O. Address

Conne Terre 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.