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

Do not use this space.

16097

1. PLACE OF DEATH

County St. Charles — Registration District No. 757 — File No.

Township " " — Primary Registration District No. 5998 — Registered No. 99

City 4 miles S.W. of St. Charles, ... St. ..... Ward)

2. FULL NAME Frederick Kuhlmann

(a) Residence. No. 4 miles S. W. of St Charles St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 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	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ — Anna Kuhlmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-23-1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	11	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Herman Kuhlmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Fred Iborg
(Address) St. Charles Mo. R.R.

15. FILED 5 20, 1927 Otto Boekmeier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May. 18th 1927.

17. I HEREBY CERTIFY, That I attended deceased from Nov 25th, 1926, to May 18, 1927, that I last saw him alive on May 17, 1927, and that death occurred, on the date stated above, at 7. A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular disease of the heart
92 H mitral regurgitation
107 H
(duration) yrs. 5 mos. 23 ds. Phy

CONTRIBUTORY (SECONDARY) Broncho-pneumonia
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF ——
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination and history
(Signed) Will L Freeman, M. D
May 18, 1927 (Address) St Charles Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Friedens Cemetery	5/20 - 1927
20. UNDERTAKER	ADDRESS
Steinbinker Furn. Co.	St. Charles, Mo.

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.