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

Do not use this space.

19361

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Christian Hospital St. ..... Ward)

File No. .....

Registered No. 5801

2. FULL NAME Herman H Kuhlmann

(a) Residence. No. 4159 Peck St. St., 10 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helena Kuhlmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 23 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	3	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bricklayer 46D 51C

(b) General nature of industry, business, or establishment in which employed (or employer) 123C

(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Kuhlmann

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

12. MAIDEN NAME OF MOTHER Margaret Walter

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

14. INFORMANT Charles Kuhlmann
(Address) 4159 Peck St.

15. FILED MAY 29 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27, 1928

17. I HEREBY CERTIFY, That I attended deceased from December, 1925, to May 26 1928 that I last saw him alive on May 26, 1928, and that death occurred, on the date stated above, at May 27 1928 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malignancy of prostate gland and rectum 3 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) pararectal abscess and sepsis (duration) yrs. one ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? yes. DATE OF May 4, 28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? surgical pathology

(Signed) Dr Hermann Maas M. D.

, 19 (Address) 516 Metropolitan Bldg

*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
New Bethlehem	May 29 1928
20. UNDERTAKER	**ADDRESS**
Theo. W. Beiderwieden	1936 St

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.