

JAN 23 1929

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

Do not use this space.

41425

1. PLACE OF DEATH

County St. Louis  
Township St. Charles  
City St. Louis

Registration District No. 451  
Primary Registration District No. 5576

File No. ....  
Registered No. 114  
St. .... Ward)

2. FULL NAME

H. Louis Kuhlmann

(a) Residence. No. .... St. .... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
78 11 26

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

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

PARENTS

10. NAME OF FATHER Fredrick Kuhlmann

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT H. Louis Kuhlmann  
(Address) St. Louis Mo.

15. FILED 1/19 1929 J. E. Rutledge  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18- 1928

17. I HEREBY CERTIFY That I attended deceased from December 16 1928 to December 19 1928  
(that I last saw him alive on December 15th 1928, and that death occurred, on the date stated above, at 11-30 a.m.)

THE CAUSE OF DEATH WAS AS FOLLOWS  
Pneumonia

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
16-11-28 St. Louis (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Smoking  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) D. O. E. Huskey M. D.  
522 19 1928 (Address) St. Louis 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 Lutheran Cemetery DATE OF BURIAL Dec. 20 1928

20. UNDERTAKER Fred H. Heiligtag ADDRESS St. Louis 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.

