

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

Do not use this space.

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**1. PLACE OF DEATH**

County..... Registration District No. 791

Township..... Primary Registration District No. 1005

City St. Louis, Mo. Christian Hospital 4511 N. Masted av. (Ward)

File No. ....

Registered No. 2005

**2. FULL NAME**

Fred L. Kuhlmann

(a) Residence. No. 2763 Park av. St. 23 Ward.

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14-1897

7. AGE YEARS MONTHS D<sup>ays</sup> If LESS than 1 day, .....hrs. or .....min.  
32 6 11

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Chauffeur  
(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) Missouri

10. NAME OF FATHER Frank Kuhlmann

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

12. MAIDEN NAME OF MOTHER Josephine Mave

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

14. INFORMANT Mrs Olga Kuhlmann  
(Address) 2763 Park av.

15. FILED..... 19..... W. C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1930 to Feb 25 1930 that I last saw him alive on Feb 25 1930 and that death occurred, on the date stated above, at 8:45 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Intestinal thrombosis

CONTRIBUTORY (SECONDARY) Diverticular ulcer (duration) yrs. mos. ds.

(duration) yrs. 21 mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Ray  
(Signed) W. C. Stanley, M. D.  
. 19 (Address) 3575 U. S. Hwy. St. Louis

\*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 SS Peter & Paul Cemetery DATE OF BURIAL Feb 27 1930

20. UNDERTAKER C. J. Schmur ADDRESS 3125 Lafayette av.

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.

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