

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

Do not use this space.

27719

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 10113  
 City St. Louis, Mo. St. Louis Children Hospital 500 S. Kingshighway St. .... Ward)

File No. ....  
 Registered No. 17545

**2. FULL NAME** Olive Kuhlman

(a) Residence, No. 52 55<sup>th</sup> Lotus St., 6 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-24-25

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>6</u>	<u>8</u>	<u>23</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>IL</u>
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Joe Kuhlman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo

15. MAIDEN NAME Rose Marchese

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT F. Gilbert (ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabany Cem DATE Aug 19 1932

19. UNDERTAKER Drehschmann Funeral (ADDRESS) 1705 Union Blvd

20. FILED AUG 18 1932 Max C. Starnitz Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-5 1932, to 8-17 1932

I last saw her alive on 8-16 1932 Death is said to have occurred on the date stated above, at 6<sup>30</sup> m.

The principal cause of death and related causes of importance were as follows:

tuberculosis, Miliary  
Tuberculosis Meningitis

Date of onset

4 wks (7-27-32)  
8-1-32

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Lumbar Punc. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) A. D. Spinks, M. D.

(Address) 500 S. Kingshighway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

