

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

Do not use this space.

33699

1. PLACE OF DEATH

County Registration District No. 11
Township Primary Registration District No. 2023
City St. Louis (No. City Hospital)

File No.
Registered No. 8991
St. Ward)

11458
2. FULL NAME William Kuloff
(a) Residence, No. 3852 Sherman St. Ward 17
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>none</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 22 - 1893</u>			
7. AGE	YEARS <u>39</u>	MONTHS <u>8</u>	DAYS <u>17</u>
	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Automobiles</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Printer #1</u>		
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 1931</u>		
	11. Total time (years) spent in this occupation <u>6</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>			
FATHER	13. NAME <u>Jacob Kuloff</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
MOTHER	15. MAIDEN NAME <u>Mary Young</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Coalfield 2 Illinois</u>		
17. INFORMANT (ADDRESS) <u>Hospital information City Hospital</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walsh</u> DATE <u>Oct 17 32</u>			
19. UNDERTAKER (ADDRESS) <u>Bensel & Schumacher 1138 27th St St. Louis</u>			
20. FILED <u>Oct 10 1932</u> 19 <u>W. B. Starkloff</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9th 1932

22. I HEREBY CERTIFY That I attended deceased from Oct. 5th 1932 to Oct. 9th 1932
I last saw him alive on Oct. 9th 1932 Death is said to have occurred on the date stated above, at 7:07 P.M.
The principal cause of death and related causes of importance were as follows:
Cardio-vascular-renal disease Date of onset

Other contributory causes of importance: 131 1

Name of operation None Date of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify Maurois & Belsa M. D.
(Signed) City Hospital (Address)

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

