

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

Do not use this space.

41399

1. PLACE OF DEATH

County St. Louis Registration District No. 785 File No. _____
 Township Bonhomme Primary Registration District No. 6031 Registered No. 21
 City Highwood (No. 321 Jewell Ave) St. _____ Ward _____

2. FULL NAME

John Frederick Kullmar
 (a) Residence No. 321 Jewell Ave St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Germany 10

FATHER
 13. NAME Ernest Kullmar

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

MOTHER
 15. MAIDEN NAME Katherine Gentes

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

17. INFORMANT (ADDRESS) Mrs. Marie Anna Kullmar
321 Jewell Ave Highwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Normal DATE 12-29 1932

19. UNDERTAKER (ADDRESS) Louis H Bopp
Highwood Mo

20. FILED 12/28 1932 Ed Barnett Registrar

N MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25th 1932, to December 27th 1932. I last saw him alive on November 4th 1932. Death is said to have occurred on the date stated above, at 3:57 p.m. The principal cause of death and related causes of importance were as follows:

Date of onset
Valvular disease of heart 1930
9220 9220
 Other contributory causes of importance:
Acute Arterial rheumatism 1932
June 20th

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Henry J. Drayner M. D.
 (Address) 1266 A. Adams Highwood

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.

96

NOV 27 1932

