

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

Do not use this space.

**30850**

**1. PLACE OF DEATH**

96 County St. Louis  
Township Carondelet  
City Roch (No. .... St. .... Ward)

Registration District No. 1123  
Primary Registration District No. 6448B

File No. ....  
Registered No. 295

**2. FULL NAME** Joseph Kuhlman

(a) Residence, No. 5311 Maffitt St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. 2 mos. 7 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, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
33 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Hauling

10. Date deceased last worked at this occupation (month and year) June 1933 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silver Lake Mo

FATHER 13. NAME Joseph Kuhlman

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

MOTHER 15. MAIDEN NAME Mary Henneke

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

17. INFORMANT Koch Hospital Record (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept. 15 1933

19. UNDERTAKER Ochsmann Haral (ADDRESS) 1905 Union

20. FILED Sept 13 1933 L. C. Brooks Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Sept 12, 1933

I last saw him alive on Sept 12, 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Tuberculous Meningitis Date of onset 8-29-33

23A

24A

Other contributory causes of importance

Tuberculous Laryngitis 1929

Chronic Pulmonary Tuberculosis ?

Name of operation 2-Ray Date of Autopsy  
What test confirmed diagnosis? Autopsy 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? No

If so, specify

(Signed) Paul Murphy, M. D.  
(Address) Koch Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. PLACE OF DEATH should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

