

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42381

1. PLACE OF DEATH

County Vernon
 Township Washington
 City St. Louis (No. _____, St. _____, Ward _____)

Registration District No. 875
 Primary Registration District No. 6162

File No. 165
 Registered No. _____

2. FULL NAME

(a) Residence, No. Franklin 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2nd wife
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1857
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 76 - - - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10k

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Carl Kuhlman

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

15. MAIDEN NAME Ann Marie Stacksiek

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

17. INFORMANT (ADDRESS) Hosp Records #3 Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckett Cemeter DATE Dec 19 1933

19. UNDERTAKER (ADDRESS) First Funeral Home Nevada Mo.

20. FILED 12/18 1933 W. M. Gunn Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1933, to Dec 17 1933

I last saw him alive on Dec 17 1933. Death is said to have occurred on the date stated above, at 4:50 p. m.

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

Arteriosclerosis
97
162
97
 Other contributory causes of importance:
Stroke

8 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? no 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) Fred B. Cooper _____, M. D.
 (Address) Nevada Mo.

