

NOV 13 1934

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

Do not use this space.

37973

## 1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St Louis (No. 5447<sup>e</sup> Siltmore Ave)

File No. 1046<sup>e</sup>  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

Henry Kuhlman  
(a) Residence, No. 5447<sup>e</sup> Siltmore Ave. Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

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 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) Gertrude (Madison) Kuhlman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3<sup>rd</sup> 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
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) Shiloh Lake Mo

13. NAME Hy Kuhlman

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ronald R. Merown (ADDRESS) 5330 Geraldine Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Lake Mo DATE Oct 31<sup>st</sup> 1934

19. UNDERTAKER Drumming Und Co (ADDRESS) 712 W. Pleasant Ave

20. FILED 30 1934 19 J. Brebeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1934 to Oct. 29 1934

I last saw him alive on Oct. 27 1934 Death is said

to have occurred on the date stated above, at 12<sup>40</sup> a.m.

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

Pulmonary  
Tuberculosis  
Don't know

Other contributory causes of importance:

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

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 .....

(Signed) Ronald R. Merown, M. D.

(Address) 5330 Geraldine Ave

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.

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