

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.

APR 25 1935

11461

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248C  
 City Wachetel (No. 1702) St. Wachetel Ward)

2. FULL NAME Louis Cullman  
 (a) Residence, No. 1202 Wachetel St. Wachetel 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 <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amelia</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1, 1860</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>
	DAYS <u>21</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>Insurance Agent</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Western Southern Ins.</u>	
	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) <u>Germany</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>A. C. Cullman</u> (ADDRESS) <u>1202 Wachetel Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Lawn Cem.</u> DATE <u>3-25-1935</u>		
19. UNDERTAKER <u>C. Hoffmeister U. &amp; L. Co.</u> (ADDRESS) <u>1714 So. Broadway</u>		
20. FILED <u>Mar 22, 1935</u> <u>G. Mowery</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933, to Mar 22, 1935  
 I last saw him alive on Mar 22, 1935 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:  
Ac. Pericarditis, Chronic Valvular Heart Disease Date of onset 2 yr

Other contributory causes of importance:  
Nephritis, Cystitis, Prostatitis 2 yr

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

23. If death was due to external causes (violence), fall 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) C. Biesemeyer M. D.  
 (Address) 762 Lemay Ferry Rd.

W. H. C. ...  
The ... Ferry.

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

Do not use this space.  
**ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.**

**1. PLACE OF DEATH**

County St. Louis  
Township.....  
City..... (No. ....) St. .... Ward.....

Registration District No. 1123  
Primary Registration District No. 6248c

File No. ....  
Registered No. 110

**2. FULL NAME**

(a) Residence, No. .... St. .... 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** m **4. COLOR OR RACE** w **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** w  
(write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 11 21

**OCCUPATION**  
**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.**  
**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)**

**13. NAME**

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

**15. MAIDEN NAME**

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

**17. INFORMANT (ADDRESS)**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE DATE 19

**19. UNDERTAKER (ADDRESS)**

**20. FILED** Mar 22 1935 G. Moury Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Mar 22 1935

**22. I HEREBY CERTIFY**, That I attended deceased from

....., 19....., to....., 19.....

I last saw h. .... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:  
nephritis (chronic)

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) C. G. Biesmeyer, M. D.

(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.

MAY 31 1935

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