

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

Do not use this space.

**JUN 12 1937**

1. PLACE OF DEATH  
 County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis Mo.** (No. **1018 Allen Ave**)..... St. .... Ward)

18313  
 File No. ....  
 Registered No. **4889**

2. FULL NAME **Theresa Kullmann**  
 (a) Residence, No. **1018 Allen Ave** St. **23** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Kullmann**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 17 1863**  
 7. AGE YEARS **73** MONTHS **5** DAYS **25** If LESS than 1 day, .....hrs. or .....min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**  
 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) **Missouri**

MOTHER FATHER  
 13. NAME **Anton Saake**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER  
 15. MAIDEN NAME **Unknown**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Chas. Kullmann**  
 (ADDRESS) **1018 Allen Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **S. S. Peter & Paul** May 17 1937

19. UNDERTAKER **Thos. Kutes**  
 (ADDRESS) **2906 Gravois Ave**

20. FILED **MAY 13 1937**  
**J. F. Predeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 12**, 19**37**  
 22. I HEREBY CERTIFY, That I attended deceased from **Nov 1**, 19**36**, to **May 12**, 19**37**  
 I last saw her alive on **May 12**, 19**37**. Death is said to have occurred on the date stated above, at **7:10** p. m.  
 The principal cause of death and related causes of importance were as follows:

**Cerebral Haemorrhage**  
**Chronic Myocarditis**  
 Date of onset **5 weeks**  
**3 yrs.**  
 Other contributory causes of importance:  
*[Signature]*

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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) **R. B. Karn**, M. D.  
 (Address) **2002 So. Broadway**

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.

599-22

Dr. Karn

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