

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County JEWISH
Township HOSPITAL
City St. Louis Mo. (No. _____)

Registration District No. 791
Primary Registration District No. 1008

File No. 21942
Registered No. 5694
St. _____ Ward _____

2. FULL NAME HARRY EDWARD KULP

(a) Residence, No. 4611 NEWBERRY TERRACE 12 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-22-39</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>14</u> hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>newborn</u>
	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) St. Louis, Mo.

FATHER

13. NAME Clarence William Kulp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Genevieve Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul, Minn.

17. INFORMANT (ADDRESS) Clarence Wm Kulp, 4611 Newberry Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Jewish Hospital Laboratory DATE May 1 1937

19. UNDERTAKER Anatomical Board (ADDRESS)

20. FILE JUN 9 1937 Registrar J. F. Bredeck (Address) Wm. H. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22 1937 to May 1 1937

I last saw h.i.m. alive on May 1 1937. Death is said to have occurred on the date stated above, at 6:55 p.m.

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

Pneumonia
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Other contributory causes of importance:

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) N. J. G. ... M. D.
(Address) Wm. H. ...

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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