DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13373

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 35575

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9
4319 Ellenwood Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 74 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4319 Ellenwood Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 74 years years.

3. (a) PRINT FULL NAME Mr. August G. H. Kuhlmann 45

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Meyer Kuhlmann

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 1, 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	8	16	hr. min.

9. Birthplace (City, town, or county) Germany 6 (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business Woodworking Co. 6

MOTHER FATHER

12. Name Unknown

13. Birthplace (City, town, or county) Germany 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Chas. W. Kuhlmann

(b) Address 4319 Ellenwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Beidemieden funeral home

(b) Address 1936 St. Louis Avenue

19. (a) APR 20 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 5 1938 to Apr. 16 1940 that I last saw him alive on Sept 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Parenchymatous Nephritis	about 6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis	4 yr.

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. W. O. Loeschner (M. D. or other)

Address 4009 A Choteau Date signed 4/19/40

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr W O. Loesch
400 Ga Chan
1-3 6-8 xcept
Res. 4318 Taft Riv.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.