

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33732**  
Registrar's No. **8429**

Registration District No. **791**

Primary Registration District No. **1003**

PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **5058 Wabada Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **65 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Gerhardt Kuhl**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**

6. (b) Name of husband or wife **Rose Kuhl** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Nov. 12, 1870**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **10** Days **28** If less than one day hr. min.

9. Birthplace **Europe**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cabinet Maker**

11. Industry or business

12. Name **Henry Kuhl**

13. Birthplace **Europe**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Beelman**

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

16. (a) Informant **Miss Berneda Kuhl**

(b) Address **5058 Wabada Ave.**

17. (a) **Burial** (b) Date thereof **10-12-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **OCT 11 1940** (b) **St. Louis**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5058 Wabada Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **10th.** year **1940** hour **5** minute **a.** M.

21. I hereby certify that I attended the deceased from **Apr 17**, 19**40**, to **Oct 10**, 19**40**;  
that I last saw him alive on **Oct 9**, 19**40**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia of Probable with metastasis**

Due to

Due to **51**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **L. H. Kumpel** (M. D. or other)

Address **203 Harrison St.** Date signed **10/10/40**

3720 Washington 2-3

# 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:.....

*W. H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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

**If this body is not embalmed, fact should be so stated above.**