

Registration District No. 1784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(c) Name of hospital or institution: 9460 - Baltimore
(d) Length of stay: In hospital or institution 17 years
In this community 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(d) Street No. 9460 Baltimore
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME LOUIS KUHLMAN
3. (b) If veteran, name war none
3. (c) Social Security No. 488-05-4563

20. DATE OF DEATH: Month June day 23
year 1941 hour _____ minute _____ M.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Sophia
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Jan 26 1886

21. I hereby certify that I attended the deceased from _____, 1941, to _____, 1941.
that I last saw him alive on _____, 1941, and that death occurred on _____, 1941.
Immediate cause of death Chronic Int Nephritis

8. AGE: Years 55 Months 4 Days 27
If less than one day _____ hr. _____ min.

Due to Chronic Int Nephritis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 13/d
Of autopsy _____

9. Birthplace St. Louis, Mo.
10. Usual occupation Bench Work
11. Industry or business Curtis Wright Corp.
12. Name George Kuhlman
13. Birthplace Germa.
14. Maiden name Catherine Heller
15. Birthplace Germa.

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

16. (a) Informant Sophia Kuhlman
(b) Address 9460 Baltimore Overland, Mo.
17. (a) _____ (b) Date thereof 6-26-41
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2544 Woodland Overland, Mo.
19. (a) JUN 25 1941 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. or other) _____
Address 4430 Oak Date signed _____
(Specify type of place) _____ (e) Means of injury _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 8 1941

JUL 12 1941

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. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *Overland 7*

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

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