

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42827

State File No. \_\_\_\_\_

Registration District No. 100 B

Primary Registration District No. 6001

Registrar's No. 158

1. PLACE OF DEATH:

(a) County ST. CHARLES  
(b) City or town COTTLEVILLE Ward 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: — / —  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME ANNA C. KUHLMANN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced — / —

6. (b) Name of husband or wife OTTO KUHLMANN 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased DEB 7-18-1874  
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ST. CHARLES CO. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business \_\_\_\_\_

12. Name WM KEISER

13. Birthplace ST. CHARLES CO. MO  
(City, town, or county) (State or foreign country)

14. Maiden name ROTH

15. Birthplace ST. CHARLES CO. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant OTTO KUHLMANN

(b) Address ST. COTTLEVILLE MO

17. (a) BURIAL (b) Date thereof 12-9-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WELTON SPRINGS MO

18. (a) Signature of funeral director E. A. Keithly

(b) Address Ozark mo.

19. (a) 12-9-41 (b) E. A. Keithly  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST. CHARLES  
(c) City or town COTTLEVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEB day 6  
year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1, 1939 to Dec. 6, 1941  
that I last saw or alive on Dec. 6, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung Duration 6 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Nicholas J. Honch (M. D. or other) \_\_\_\_\_

Address O Fallon, Mo Date signed 12/8/41

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

**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..... *Ed Keithly* .....

Licensed Embalmer No..... *824* .....

P. O. Address..... *O Fallon Mo* .....

**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, above space should be left blank.**