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S.No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 3353

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Mos. 8 Days  
(Specify whether years, months or days) In this community 59yrs 5 mos 25 das

2. USUAL RESIDENCE OF DECEASED:  
Missouri  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town St. Louis 26 17  
(If outside city or town limits, write "RURAL.") 9  
(d) Street No. 1804 Madison St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Frank A. Kuhlmeier  
3. (b) If veteran, name war no  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 11, year 1942 hour 11:40 minute P. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife May Kuhlmeier 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased Oct. 16, 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 3, 1942 to April 11, 1942  
that I last saw him alive on April 11, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
59 5 25 hr. min.

Immediate cause of death Carcinoma of esophagus  
Duration \_\_\_\_\_

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State of foreign country)

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

10. Usual occupation Common laborer (city)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name Frank Kuhlmeier  
13. Birthplace unknown Germany  
(City, town, or county) (State of foreign country)  
14. Maiden name Anna Gassai  
15. Birthplace unknown Germany  
(City, town, or county) (State of foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy same

16. (a) Informant Eleanor Huseman  
(b) Address 1804 Madison St

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? \_\_\_\_\_

17. (a) burial (b) Date thereof 4-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature Joseph B. Santanel (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue, Date signed 4/11/42

18. (a) Signature of funeral director Joseph B. Santanel  
(b) Address 2228 St. Louis Ave  
19. (a) APR 14 1942 (b) J. F. Brudick  
(Date) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**