V. S. No. 2
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5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8495

State File No.

ED MAR 20 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2218

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:
3955 Kossuth Ave
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 910
(If outside city or town limits, write "RURAL")

(d) Street No. 3955 Kossuth Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henry Kulage

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Kulage

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 9th 1869
(Month) (Day) (Year)

8. AGE: Years 73 | Months 9 | Days 27 | If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name Otto Kulage
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bouerschmidt
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Elizabeth Kulage
(b) Address 3955 Kossuth Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) MAR 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1943 hour 9 minute 50p M.

21. I hereby certify that I attended the deceased from Nov 13 43 to Mar 6 1943 that I last saw him alive on Mar 6 43 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephritis 5 month

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 B. F. Pruegel (M. D. or other)

Address 1878 Madison Date signed 3/8/43

(Licensed Embalmer's Statement on Reverse Side)

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.