

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

FILED MAR 27 1944 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 2625

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:
2203a Sullivan /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

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

(d) Street No. 2203a Sullivan
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles F. Kuhlmann

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1944 hour 3 minute 45 p.m.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Stahlberg 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct 15 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1940 to March 1944
that I last saw him alive on 3-17
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 5 2 hr. min.

Immediate cause of death Circulatory Failure
Due to Senility

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

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business Brick Contractor

MOTHER FATHER { 12. Name Ernst Kuhlmann

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

14. Maiden name Sophie Knickmeyer

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

Major findings:
Of operations.....

Of autopsy.....

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

16. (a) Informant Ernst Kuhlmann
(b) Address 2203a Sullivan

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 Mar. 20 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Benderwieser Funeral Home
(b) Address 1926 N. Louis Ave.

19. (a) MAR 20 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Brueck (M. D. or other)
Address 3902 Olive Date signed 3-18-44

844

Dr. J. J. J. J.

3903 Olive St.,
Wall Bldg.
9 to 11 A.M.

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

[Signature]

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave.

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.