

S. No. 2  
DM-9-43  
v. 5-17-39  
X37823

11443

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3565  
Registrar's No. 3565

FILED MAY 3 1945 818  
Registration District No. 1003 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3810 N 23d Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community all her life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL") 1720  
(d) Street No. 3810 N 23d Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Kuhlmann  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 20  
year 1945 hour 7 minute 40 P. M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, 2 divorced Widowed  
6. (b) Name of husband or wife Henry Kuhlmann  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: November 10 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 21 1945 to April 20 1945  
that I last saw her alive on April 20 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
82 5 10 hr. min.

Immediate cause of death Chronic Myocarditis Duration 2-1-44  
Due to Atherosclerosis 2-1-44

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

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 930

10. Usual occupation at home  
11. Industry or business \_\_\_\_\_  
12. Name Heitland  
13. Birthplace Germany U  
(City, town, or county) (State or foreign country)  
14. Maiden name Renick  
15. Birthplace Germany U  
(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 Edwin A Kuhlmann  
(b) Address 3810 North 23d Street  
17. (a) Burial (b) Date thereof Apr 24 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Bethlehem Cemetery  
18. (a) Signature of funeral director Beiderwieden F H Inc  
(b) Address 1936 St Louis Avenue  
19. (a) APR 23 1945 (b) J. J. Bredeek  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_ (Specify type of injury)  
23. Signature Robert J. Prins (M. D. or other) W.D.D  
Address 780 N. Sprague Date signed 4-25-45

(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..... *John W. Katz*.....

Licensed Embalmer No..... *3737*.....

P. O. Address..... *936 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.**