

U.S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21929**
Registrar's No. **5613**

FILED JUL 31 1946
Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis City Hospital**
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **HERMAN KUHLMAN**

3. (b) If veteran, name war **N.I.L.**

3. (c) Social Security No. **489-16-4896**

4. Sex **M** **5. Color or race** **W**

6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **DOROTHY KUHLMAN**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **AUG 10 1866**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	10	14	hr. _____ min. _____

9. Birthplace **PERRY Co. Mo. U**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FACTORY WORKER**

11. Industry or business **TOBACCO**

12. Name **HENRY KUHLMAN** **4**

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

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **FRED ELDER**

(b) Address **5607 1/2 THEODOSIA AVE**

17. (a) BURIAL **(b) Date thereof** **6-26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Albert H. Hopper**

(b) Address **4700 Washington Blvd**

19. (a) **JUN 25 1946** **J. F. Blum**
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**

(c) City or town **St. Louis** **1217**
(If outside city or town limits, write "RURAL")

(d) Street No. **725 N Euclid** **9**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1946** hour **11:45** minute **A** M.

21. I hereby certify that I attended the deceased from **June 7**
19 **46** to **June 24** 19 **46**

that I last saw **im** alive on **June 24** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac Failure - right side**

Due to _____

Due to _____

Other conditions: **Pulmonary tuberculosis?**
(Include pregnancy within 3 months of death)

Major findings: **Benign Prostatic Hypertrophy**

Of operation _____

Of autopsy **As above**

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 **E. J. Carson** (M. D. or other) **0**

Address **1515 Lafayette Avenue** Date signed **6/25/46**

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

MOTHER FATHER

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.....

Oliver G. Hopper

Licensed Embalmer No. 2971.....

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.