V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35963

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10035

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

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: Christian Hospital
(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 8 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3854 Ashland Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 10
If yes, name country

3. (a) PRINT FULL NAME Alma B. Kuhlmann
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female F 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry F. Kuhlmann 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 25 (Day) 1885 (Year)

8. AGE: Years 62 Months 4 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife At Home
11. Industry or business

MOTHER FATHER
12. Name Charles W. Heitabrgg
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
14. Maiden name Amelia Hansmann
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Henry F. Kuhlmann
(b) Address 3854 Ashland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3 1947 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cem.
18. (a) Signature of funeral director Beiderwieden Funeral Home Inc.
(b) Address 1936 St. Louis Ave.
19. (a) NOV 1 1947 (Date received local registrar) (b) J. F. Bretteck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 30 year 1947 hour 11:000 minute 20 A.M.
21. I hereby certify that I attended the deceased from Oct 29, 1947, to Oct 30, 1947, that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute attack of Myocarditis
Due to Chronic myocarditis
Due to Chr Nephritis and Rheum
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 131
Of autopsy Yes

PHYSICIAN
Underline the cause of 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
Signature P. M. Rose M.D. (M. D. or other)
Address 5301 Easton Ave Date signed 10/31/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Minnie R. Rose
5301 Easton Ave
F O 0429
2to4 PM.

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 alone
..... Registered Apprentice No.....
working under my personal supervision.

Signed: Felix J. Krispin

Licensed Embalmer No. 3 [illegible]

P. O. Address 1936 St. Louis

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.