S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40526

Registration District No. 317 Primary Registration District No. 607 6 Registrar's No. 2365

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Pattonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 61 years
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town Pattonville 0
(If outside city or town limits, write "RURAL")
(d) Street No. none 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Kuhlmann
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Anna Kaiser
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased February 12 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 19 If less than one day hr. min.

9. Birthplace St Charles County 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Anton Kuhlman
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace unknown 7
(City, town, or county) (State or foreign country)
16. (a) Informant Anton Kuhlman
(b) Address Pattonville Mo
17. (a) Burial (b) Date thereof Nov 3 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cem St Charles
18. (a) Signature of funeral director Hackmann Bone
(b) Address 326 N 6th St St Charles Mo
19. (a) 10-20-47 (b) Paula Sharp MD MSA
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 31 day
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from July 3
1947, to Oct 31, 1947
that I last saw him alive on October 31, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to myocarditis, chronic
Due to 51 b
Other conditions Carcinoma of Prostate
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature N. E. Hengen (M. D. or other) MD
Address Pattonville, Mo Date signed 22 Nov 47

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

WRITE PLAINLY—USING 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.....

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.

. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2365

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Pattonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pattonville Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 61 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Pattonville
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jeseph Kuhlmann

3. (b) If veteran; name war No

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 Anna Kaiser

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Febuary (Month) 12 (Day) 1863 (Year)

8. AGE: Years 84 Months 8 Days 19 If less than one day hr. min.

9. Birthplace St Charles Connty (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Anton Kuhlmann
(b) Address Pattonville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery St Charles

18. (a) Signature of funeral director Kuhlmann Bane
(b) Address 326 No. 6th St St Charles Mo.

19. (a) 11-20-47 (Date received local registrar) (b) Cecilia Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~July~~ October 31
year 47 hour minute M.

21. I hereby certify that I attended the deceased from July 3, 1947 to 31 Oct, 1947
that I last saw him alive on 31 October, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Myocardial damage

Due to Arteriosclerotic Heart Disease

Other conditions Prostatic CA
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

Does the dead for "cancer"?

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 H E Hangen (M. D. or other) MD
Address Pattonville, Mo Date signed 12 Nov-47

(Licensed Embalmer's Statement on Reverse Side)

40526

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. Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St Charles Mo.

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.