

No. 300
10-47
5-17-39
PI 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28407
Registrar's No. 1975

FILED SEP 7 1948

Registration District No. 317

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7328 Vine Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(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 Maplewood 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7328 Vine Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME KUHLMAN, HARRY B.

3. (b) If veteran, name war None 3. (c) Social Security No. 492-03-3283

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased October 11, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 5 _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Gaylord Container Corp.

12. Name Henry Kuhlman

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Azella Rose

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

16. (a) Informant Charles L. Kuhlman

(b) Address 7328 Vine Ave. Maplewood 17, Mo

17. (a) Burial (b) Date thereof 8-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc

(b) Address Clayton Road at Concordia Lane

19. (a) 8-21-48 (b) Cecil R. Stump, M.D.
(Date received local registrar) (Registrar's signature) (J. H.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 1948
year 1948 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to August 18 1948;
that I last saw him alive on August 18 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Death related to head stroke
Due to Coronary occlusion
Duration 6 yrs
Due to Thromboembolism 4 days
Other conditions _____
(Include pregnancy within 3 months of death) aka

Major findings:
Of operations _____
Of autopsy _____
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? _____

23. Signature H. S. Stucky (M. D. or other) _____
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
Address 2816 Sutton, Maplewood 17 Date signed 8/21/48

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 Ernest W. Spillars
Licensed Embalmer No. 4080

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.