

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2915
750

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo			
c. LENGTH OF STAY (in this place) _____				d. STREET ADDRESS (If rural, give location) 5730 Goethe Ave.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist				4. DATE OF DEATH (Month) (Day) (Year) Jan. 23rd 1949			
3. NAME OF DECEASED (Type or Print) a. (First) George H.		b. (Middle) Kuhlman		c. (Last) _____			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH August 30 1880	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry plate Worker		10b. KIND OF BUSINESS OR INDUSTRY Hammer Dry Plate Co. St. Louis Mo		11. BIRTHPLACE (State or foreign country) U.S.A.	
13a. FATHER'S NAME George Henry Kuhlman		13b. MOTHER'S MAIDEN NAME Louisa Darr		14. NAME OF HUSBAND OR WIFE single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-01-0044		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella K. Falkenhainer 5730 Goethe Av.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MELANO CARCINOMA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Set of notes known</i> DUE TO (c) <i>55</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 Month	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 12-11-1948, to 1-23-1949, that I last saw the deceased alive on JAN 23, 1949, and that death occurred 11:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>E. Truhling M.D.</i> (Degree or title)				23b. ADDRESS 5203 Clippewa		23c. DATE SIGNED 1-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 26th 1949		24c. NAME OF CEMETERY OR CREMATORY Old Picker		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE RECEIVED BY LOCAL REGISTRAR JAN 26 1949		REGISTRAR'S SIGNATURE G. B. Lasater		FUNERAL DIRECTOR'S SIGNATURE Henry Widemüller		ADDRESS 6203 Gravois	

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

AUG 1 7 1949

JUL 12 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Frank J. Laird

Licensed Embalmer No. *2646*

P. O. Address *J. Laird*

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.