S. No. 300
v. 10.48

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

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17435

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4104

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Louis Children Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Alton, Ill
d. STREET ADDRESS (If rural, give location) 913 Hawley

3. NAME OF DECEASED (Type or Print)
a. (First) Donald
b. (Middle) Leanor
c. (Last) Kulenkamp Jr.

4. DATE OF DEATH (Month) 5 (Day) 5 (Year) 49

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child

8. DATE OF BIRTH 5-31-47

9. AGE (In years last birthday) 1 | IF UNDER 1 YEAR Months 11 Days 5 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Alton, Ill

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Donald Leanor Kulenkamp

13b. MOTHER'S MAIDEN NAME Julia Hubbard

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Donald E. Kulenkamp
ADDRESS Alton Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Dysfunction of the Hypothalamus
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

751 X

22. *I hereby certify that I attended the deceased from* 4-26, 1949, *to* 5-5, 1949, *that I last saw the deceased alive on* 5-5, 1949, *and that death occurred at* 2:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE William G. Klingberg
(Degree or title) MD.
23b. ADDRESS Childrens Hospital
23c. DATE SIGNED 5-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-5-1949
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Alton (State) Ill

DATE REC'D BY LOCAL REG. MAY 7 1949
REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc
ADDRESS 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

4104

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.

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis 10 M

Signed .....
Student Embalmer

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.