

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35329**
Registrar's No. **9200**

FILED NOV 5 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo.		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE Jas. HEITKAMP Hosp.			d. STREET ADDRESS (If rural, give location) 4101 QUINCY			
3. NAME OF DECEASED (Type or Print) a. (First) LORETTA b. (Middle) THERESA c. (Last) KULLMANN			4. DATE OF DEATH (Month) (Day) (Year) OCT. 25 1949			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 29 1898	9. AGE (In years last birthday) 50	10. IF UNDER 1 YEAR Days 11 Hours 26 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EUGENE McLEAR		13b. MOTHER'S MAIDEN NAME ROSE BLEINES		14. NAME OF HUSBAND OR WIFE CHARLES H. KULLMANN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME CHARLES H. KULLMANN ADDRESS 4101 QUINCY			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Glomerulonephritis DUE TO (c) Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - Obesity			INTERVAL BETWEEN ONSET AND DEATH 30 days
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Mo.		121	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 3 P.M.			
22. I hereby certify that I attended the deceased from 24 Sept 1949 , to 25 Oct, 1949 , that I last saw the deceased alive on 25 Oct, 1949 , and that death occurred at 7:50 A.M. , from the causes and on the date stated above.						
23a. SIGNATURE Empl. Baclatrud (Degree or title) _____			23b. ADDRESS 4914 Gravois		23c. DATE SIGNED 10/25/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 28, 1949	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.		
DATE REC'D BY LOCAL REG. OCT 26 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Marvick		

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

78 3 24 3
11914

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 Leo J. Budd
Licensed Embalmer No. 3989

P. O. Address. 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.