

No. 30  
10. 48

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31772

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7692**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri**  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
d. STREET ADDRESS (If rural, give location) **26 1612a North 14th St. (near O)**

3. NAME OF DECEASED  
a. (First) **Theresa** b. (Middle) \_\_\_\_\_ c. (Last) **Kulage**  
4. DATE OF DEATH (Month) (Day) (Year) **Sept. 9 1950**

5. SEX **Female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widow** 8. DATE OF BIRTH **April 20, 1873** 9. AGE (In years last birthday) **77** IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 10 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **--** 11. BIRTHPLACE (State or foreign country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Andrew Wachte** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **Julius Kulage**

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. **unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **John Brauch 1612a North 14th St.**

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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Subdural hemorrhage to right big sylvian when struck by log**  
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO **fall from log**  
**Kelly (cal) 30 feet west of 11th Street on Cass Ave about 10:13 pm**  
DUE TO **Sept 8 1950**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **Accident** 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo. 100**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Sept 8 50 9** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **6.8124**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patrick B. Taylor, M.D.** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **9-11-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9/12/1950** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **SEP 11 1950** **B. Lancaster** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe 4700 Washington**

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

7-11-50

11/11/50

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed, .....  
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.