

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26648

State File No. ....

FILED JUL 25 1952

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1972

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2109</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Heights,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Saint Louis</b> <u>1</u>	
c. LENGTH OF STAY (in this place) <b>3 Days</b>		d. STREET ADDRESS (If rural, give location) <b>4132 Ashland Avenue, 7,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b> <u>1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edwin</b>	b. (Middle) <b>H.</b>	c. (Last) <b>Kuhlmann</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 22nd, 1952</b>
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5. SEX <b>Male</b> <u>0</u>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> <u>1</u>	8. DATE OF BIRTH <b>December 14th, 1887</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Showworker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Brauer Bros. Shoe Co. St. Louis, Missouri</b> <u>2</u>	11. BIRTHPLACE (State or foreign country) <b>USA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Frederick Kuhlmann</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Stalte</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Kuhlmann nee Doermann</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b> <u>493-07-1722</u>	17. INFORMANT'S SIGNATURE OR NAME <b>Emma Kuhlmann</b>	ADDRESS <b>4132 Ashland Avenue, 7,</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Complete Heart Block</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr?</b> <b>4 yrs?</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerotic Heart Dis</b> DUE TO (c) <b>4200</b>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 1, 1952 to July 22, 1952, that I last saw the deceased alive on July 1, 1952 and that death occurred at 6:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Halbert Kuhlmann M.D.</b>	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>7/22/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/24/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-23-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828</b>	ADDRESS <b>atural Bridge Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Beumont Bldg., 3720 Washington Blvd.,  
Je. 5100, Room 415,

Hours, 3:00 P. M. to 5:00 P. M. (Tuesday)

OFFICE IN ST. LOUIS COUNTY.

**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 Ralph C. Linders

Licensed Embalmer No. 4275

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.