

No. 300
10. 48

STANDARD CERTIFICATE OF DEATH

State File No. **44146**

FILED JAN 8 - 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3319**

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Manchester**
 c. LENGTH OF STAY (in this place or township) **18 months**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Manchester Nursing Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **St. Louis**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kirkwood**
 d. STREET ADDRESS (If rural, give location) **710 N. Harrison Ave, 1**

3. NAME OF DECEASED
 a. (First) **Anna** b. (Middle) **Julia** c. (Last) **Kullmar**

4. DATE OF DEATH (Month) (Day) (Year)
Dec 25 1952

5. SEX
Female

6. COLOR OR RACE
White

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

8. DATE OF BIRTH
June 24 1878

9. AGE (In years last birthday)
74

IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.)
6 1

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

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (State or foreign country)
St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY?
America

13a. FATHER'S NAME
Unknown Rahmeier

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
John F. Kullmar

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.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Harvey Kullmar 710 N. Harrison Ave,

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) **CARCINOMA OF DESCENDING COLON**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____ **153X**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
ARTERIO SCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH
?

19a. DATE OF OPERATION
NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
NONE

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **DEC. 1, 1952**, to **DEC 25, 1952**, that I last saw the deceased alive on **DEC. 25, 1952**, and that death occurred at **9:05 AM**, from the causes and on the date stated above.

23a. SIGNATURE **B.R. Loving, M.D.** (Degree or title)

23b. ADDRESS **Ballwin, Mo.**

23c. DATE SIGNED **12-26-52**

24a. BURIAL, CREMATION, REMOVAL **Burial**

24b. DATE **12-29-52**

24c. NAME OF CEMETERY OR CREMATORY **St. Johns Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

DATE REC'D BY LOCAL REG. **12-29-52**

REGISTRAR'S SIGNATURE **Hubert K. ...**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Meyer-Pfitzinger Kirkwood 22 Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 *William H. Fitzinger*.....

Licensed Embalmer No. *4315*.....

P. O. Address *Kutwood 22, 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.