

**STANDARD CERTIFICATE OF DEATH**

State File No. **22970**  
 Registrar's No. **5632**

**FILED JUN 20 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b> c. LENGTH OF STAY (in this place) <b>10yrs</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6448 Bradley</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b> d. STREET ADDRESS (If rural, give location) <b>6448 Bradley</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Mary E. Kuhlman</b> a. (First) <b>Mary</b> b. (Middle) <b>E.</b> c. (Last) <b>Kuhlman</b>		<b>4. DATE OF DEATH</b> <b>6-4-1953</b> (Month) (Day) (Year)		<b>5. SEX</b> <b>Female</b> <b>6. COLOR OR RACE</b> <b>W.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b> <b>8. DATE OF BIRTH</b> <b>9-9-1869</b> 9. AGE (In years last birthday) <b>83</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Perry County, Mo.</b> <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>			
<b>13a. FATHER'S NAME</b> <b>Frank Henneke</b> <b>13b. MOTHER'S MAIDEN NAME</b> <b>Catherine Spickerman</b> <b>14. NAME OF HUSBAND OR WIFE</b> <b>Joseph E. (Dec)</b>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ <b>16. SOCIAL SECURITY NO.</b> _____ <b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Bertha Kuhlman</b> ADDRESS <b>6448 Bradley Ave.</b>					
<b>18. CAUSE OF DEATH</b> 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.			<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial insufficiency</b> ANTECEDENT CAUSES <b>arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Myocarditis</b>		
<b>19a. DATE OF OPERATION</b> _____ <b>19b. MAJOR FINDINGS OF OPERATION</b> _____ <b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____ <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>21f. HOW DID INJURY OCCUR?</b> <b>4221</b>			
<b>22. I hereby certify that I attended the deceased from <u>Jan 10</u>, 19<u>46</u>, to <u>June 4</u>, 19<u>53</u>, that I last saw the deceased alive on <u>Jan 4</u>, 19<u>53</u>, and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>M. M. Fenwick M.D.</b> <b>23b. ADDRESS</b> <b>1703 S. Grand</b> <b>23c. DATE SIGNED</b> <b>6/5/53</b>					
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b> <b>24b. DATE</b> <b>6-8-1953</b> <b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Celvary</b> <b>24d. LOCATION</b> (City, town, or county) (State) <b>St Louis, Mo.</b>					
<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 6 1953</b> <b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith, M.D.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>KRAEGER-FENWICK</b> ADDRESS <b>Funeral Home</b> (Licensed Embalmer's Statement on Reverse Side) <b>3402 N. Kingshighway</b>			

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

Dr. N.M. Freund.  
1703 S. Grand, Ave.

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

*Thomas R Fenwick*

Licensed Embalmer No. 3793

P. O. Address 3802 N. Kingsley

3402

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.