

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34553**

FILED OCT 27 1953

|   |  |  |   |   |  |  |  |  |  |
|---|--|--|---|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>317</u>  |   | PRIMARY REG. DIST. NO. <u>548</u>   |  | Registrar's No. <u>2279</u>  |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u><br>b. CITY (If outside corporate limits, write RURAL and give town) <u>Webster Groves</u><br>c. LENGTH OF STAY (in this place) <u>1 1/2 yrs</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>730 Atlanta Ave.</u>                    |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u><br>c. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves</u> <u>4577</u><br>d. STREET ADDRESS (If rural, give location) <u>730 Atlanta Ave.</u> <u>0</u>   |  |  |  |  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Mary</u><br>(Type or Print)<br>b. (Middle) _____<br>c. (Last) <u>Kuhlman</u>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Aug. 22nd 1953</u> |   |  |  |  |  |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   |  | 8. DATE OF BIRTH <u>May 28th 1870</u>  |  |  |  |
| 9. AGE (In years last birthday) <u>83</u>   |  | 10. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carrolton Ky.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |  |  |
| 13a. FATHER'S NAME <u>UNK. Beeson</u>   |  |  | 13b. MOTHER'S MAIDEN NAME <u>Ann Siersdarfer</u>                  |   | 14. NAME OF HUSBAND OR WIFE <u>(late) Herman Kuhlman</u> |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Helena Gabbert</u> ADDRESS <u>Above</u>  |  |  |  |  |  |
| 18. NO. OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arthritis - Semility</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>years</u> |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |   |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |  |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>none</u>  |  | 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) <u>none</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR _____   |  |  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>7/1/46</u> , 19 <u>53</u> , to <u>8/22/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8/17</u> , 19 <u>53</u> , and that death occurred at <u>9:00 A.M.</u> from the causes and on the date stated above. |  |  |   |   |  |  |  |  |  |
| 23a. SIGNATURE <u>Frank P. Gamm</u> (Degree or title) <u>M.D.</u>   |  |  |   | 23b. ADDRESS <u>13 A North Gore Webster Groves</u>  |  | 23c. DATE SIGNED <u>Mo 8/22/53</u>   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>8-21-53</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>           |  |  |  |
| DATE REC'D BY LOCAL REG. <u>8-23-53</u>   |  | REGISTRAR'S SIGNATURE <u>Herbert R. Danks M.D.</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jay B. Smith Funeral Home 7156 Manchester, Maplewood, Mo.</u>   |  |  |  |  |  |

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

*Roland D. Jahnke*

Licensed Embalmer No. *3917*

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.