

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31126

State File No. ....

No. 300  
10.48

FILED OCT 3 - 1955

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood 54	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital		d. STREET ADDRESS (If rural, give location) 7328 Vine Street			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) WILLIAM	c. (Last) KUHLMAN	4. DATE OF DEATH (Month) (Day) (Year) August 30, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 27, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 3	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Director	10b. KIND OF BUSINESS OR INDUSTRY Federal Housing	11. BIRTHPLACE (State or foreign country) Louisiana, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Kuhlman	13b. MOTHER'S MAIDEN NAME Azelia Rose	14. NAME OF HUSBAND OR WIFE Ida Vasconellos
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles L. Kuhlman	ADDRESS 1213 Bellevue
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary vascular accident		10 days
	DUE TO (c) Hypertension C.V. Disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Structural Pt. Hip.		10 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION D.R. graft in Liver	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.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Maplewood MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ? ? ? ?	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall at Home 443 X F

22. I hereby certify that I attended the deceased from 1951 to Aug 30, 1955, that I last saw the deceased alive on Aug 30, 1955, and that death occurred at 12:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles L. Kuhlman M.D.	23b. ADDRESS 2816 Sutton Ave. Maplewood	23c. DATE SIGNED 8/31/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 1, 1955	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. SEP 1 1955	REGISTRAR'S SIGNATURE Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary	ADDRESS 6633 Clayton Rd.
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(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 \_\_\_\_\_

Licensed Embalmer No. 4788

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.**