

No. 300
10.48

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38497**
Registrar's No. **9517**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 16 3440 Halliday Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Erwin	b. (Middle) Arthur	c. (Last) Kuhlman	4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21, 1895	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 60 yrs.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printing Salesman	10b. KIND OF BUSINESS OR INDUSTRY Hart Printing Co.	11. BIRTHPLACE (City and State or Foreign Country) Rogers City, Michigan	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Max C. Kuhlman	13b. MOTHER'S MAIDEN NAME Wilhelmina Fleming	14. NAME OF HUSBAND OR WIFE Mrs. Elsa Biewend Kuhlman
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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) Yes WW I	16. SOCIAL SECURITY NO. 489-05-1211	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elsa Kuhlman	ADDRESS 3440 Halliday Avenue
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-Vascular Disease DUE TO (c)		
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 422.1	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 **Oct. 27, 1955**, to **Oct. 30, 1955**, that I last saw the deceased alive on **October 30 1955**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H.R. Bradley (Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED Oct. 31, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-2-55	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. NOV 1 1955	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC.	ADDRESS 1936 St. Louis Ave.
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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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 45

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.