

FILED FEB 25 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 State File No. **6384**  
 Registrar's No. **816**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>816</b>					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. LENGTH OF STAY (in this place) <b>49 yrs</b>				e. STREET ADDRESS (If rural, give location) <b>4428 Athlone Avenue</b>				3/ <b>St. Louis State Hospital</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Harry</b>		b. (Middle) _____		c. (Last) <b>Kuhlman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-25-1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <b>Singel</b>		8. DATE OF BIRTH <b>Nov. 18, 1887</b>		9. AGE (In years last birthday) <b>69</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					
13a. FATHER'S NAME <b>Ernest Kuhlman</b>			13b. MOTHER'S MAIDEN NAME <b>Emma K. Jaeger</b>			14. NAME OF HUSBAND OR WIFE <b>Never married</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Miss Ruth L. Kuhlman,</b>			ADDRESS <b>4428 Athlone Avenue</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive atelectasis (left) tension pneumothorax</b> ANTECEDENT CAUSES Due to (b) <b>Bronchoplural fistula with abscess</b> Due to (c) <b>Pulmonary tuberculosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Subcutaneous emphysema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs. plus</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>.002x</b>						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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)							
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?							
22. I hereby certify that I attended the deceased from <b>May 2, 1911</b> , to <b>January 25, 1957</b> , that I last saw the deceased alive on <b>January 25, 1957</b> , and that death occurred at <b>2:25 am.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Donald F. Bandle M.D.</b>				23b. ADDRESS <b>5100 Arsenal Street</b>				23c. DATE SIGNED <b>1-25-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan 26 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>JAN 25 57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc.,</b>					ADDRESS <b>2161 E. Fair Ave</b>	

(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. 3737

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.