URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 16 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

2 8028 59-034003

STATE FILE NUMBER

ENDED

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, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 1 week

c. CITY OR TOWN Overland — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DePaul Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 8812 Burton — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Dorothy Middle Last Kuhlman

4. DATE OF DEATH Month Aug Day 28, Year 1959

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 2/1/1870

9. AGE (last birthday) 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Perryville, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Seifert

13b. MOTHER'S MAIDEN NAME Theresa Robinson

14. NAME OF HUSBAND OR WIFE Herman Kuhlman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Bernice Elder 8812 Burton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) art. sclerotic cerebral vasc. ins. cerebral vasc. thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 wk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) old age 332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 20 '59, to 8-28-59 and last saw her/him alive on 8-28-59

Death occurred at 2:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wayne O Gorle M.D.

22b. ADDRESS 100 No Euclid

22c. DATE SIGNED 8-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/31/59

23c. NAME OF CEMETERY OR CREMATORY Calvary

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Ortmann F. Home 9222 Lackland Overland

25. DATE RECD. BY LOCAL REG. AUG 29 '59

26. REGISTRAR'S SIGNATURE [illegible] HOME

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Sam Stupanovic, Student Embalmer No. 578 working under my personal supervision.

Student Sam Stupanovic Signed Al C Ostmann
Signature of Student Embalmer

Licensed Embalmer No. 3478

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.