URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-009676

FILED VS MAR 8 1960

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 16

ENDED

1. PLACE OF DEATH
a. COUNTY Warren
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton — Length of stay in 1b 2 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3418 McKean — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Louise Middle Last Kuhlmann

4. DATE OF DEATH Month Day Year March 2, 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-16-83
9. AGE (last birthday) 77 — 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 Own home
11. BIRTHPLACE (City and state or country) Staunton, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Reinhold Voigt
13b. MOTHER'S MAIDEN NAME Louise Deibert
14. NAME OF HUSBAND OR WIFE Frank A. Kuhlmann, dcd

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. 499-32-5159
17. INFORMANT Frank Kuhlmann Address 4722 Nebraska St. Louis, Mo.

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

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease c̄ Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senile Arteriosclerosis
DUE TO (c) Senile Changes

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 March 1956, to March 2 '60 and last saw her alive on March 1 1960
Death occurred at 5:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold Hoelscher M.D.
22b. ADDRESS Warrenton Mo
22c. DATE SIGNED 3-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-4-60
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Wacker-Helderle ADDRESS 3634 Gravois St. Louis, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 4, 1960
26. REGISTRAR'S SIGNATURE Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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