

DEPT SEP 1 2 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26875
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, (d) Street No. 2844a Mt Pleasant St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791
1003

Registered No. 6889

2. PRINT FULL NAME Herman Cullmann

(a) Residence, No. 2844a Mt Pleasant St. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Cullmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1883.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter and Paper-Hanger.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Daniel Cullmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Phillipina Kranshaar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Mary Cullmann
(ADDRESS) 2844a Mt. Pleasant St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers Cem. DATE Aug. 3, 1938.

19. FUNERAL DIRECTOR J. H. Gebken & Co.
(ADDRESS) 2842 Maramec St.

20. AUG 3 1938 19 J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1938

22. I HEREBY CERTIFY, that I attended deceased from 6/19/38 to July 31, 1938.
I last saw him alive on 7/30, 1938. Death is said to have occurred on the date stated above, at U.S.A.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hyper Extension
Other contributory causes of importance:
Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 1
If so, specify Sept L Stems
(Signed) J. D. Brudick (Address) 4209 Virginia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

 L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120.

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.)