

FILED DEC 11 1942
1878

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
905 Destrahan Str. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community
years, months or days

3. (a) PRINT FULL NAME William Kuhlman
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Male 5. Color or Race Wnt.
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Linda Kuhlman
6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Dec. 25 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 11 4 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Ins. Agent

11. Industry or business

MOTHER FATHER

12. Name Hienoch Kuhlman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unk.

15. Birthplace Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Kuhlman

(b) Address Wood River Ill.

17. (a) Burial (b) Date thereof Dec. 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Mr. E. Maydell
(b) Address 1926 Allen Ave,

19. (a) DEC 1 1942 (b) J. F. Brudack
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 009
(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL") 924
(d) Street No. 905 Destrahan Str
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from June 6, 1942 to Nov. 29, 1942
that I last saw him alive on Nov. 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to Hypertension 9

Due to Stroke

Other conditions Stroke
(Include pregnancy within 3 months of death)

Major findings: Stroke
Of operations Stroke
Of autopsy Stroke

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury Stroke

23. Signature Regene P. Arnold (M. D. or other) M.D.
Address 1449 McFarlan Date signed 11-30-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

G. W. Wilkinson

Licensed Embalmer No.....

3575

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