

ED JAN 26 1943

318

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

498

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5959^e Theodora - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 57 years years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5959^e Theodora (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Stanley Puhlman

3. (b) If veteran, name war None 3. (c) Social Security No. 497-09-5077

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cecilia Panner 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July 2, 1893 (Month) (Day) (Year)

Immediate cause of death _____

Coronary Occlusion

8. AGE: Years 51 Months 6 Days 13 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Clerk

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____
Name John Puhlman

12. Birthplace Detroit Michigan (City, town, or county) (State or foreign country)

13. Mother's name Anna Neuge

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

16. (a) Informant Cecilia Puhlman
(b) Address 5959^e Theodora

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Hackmann, Rose
(b) Address 326 N. 6th St. St. Louis Mo

19. (a) JAN 18 1943 (Date received local registrar) (b) J. F. Bredech (Registrar's signature)

23. Signature Thomas F. Callen (M.D. or other)
Address Deputy Coroner Date signed 1-18-43

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 _____

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

MOTHER FATHER

22

MAY 25 1948
MAR 1 1948

B 261023

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 Arthur C. Bane

Licensed Embalmer No. 3141

P. O. Address St Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo }
County of _____ } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. _____

On this 27 day of March, 1943, before me appears Cecelia Ruhlman, who, upon ~~sworn~~ oath, states that the original record of ^{birth} death for William S. Ruhlman, died January 15, 1943, in the State of Missouri, and which was filed at St. Louis Mo on Jan 18, 1943 should be corrected as follows:

Item No. 7 should read Birth Date of Deceased July 2 1893

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Cecelia J. Ruhlman Wife
Relationship.

5959^a Theodosia Ave
Present Address.

Subscribed and sworn to before me this 27th day of March, 1943.

My Commission expires Dec 30th 1943 Thos E. Gaudinell Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MAY 25 1968

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