

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24981

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5987**

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | |
| c. LENGTH OF STAY (in this place) | | 2107 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital | | d. STREET ADDRESS (If rural, give location) 2944 HERBERT ST. | |

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|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) Henry H. Kuhlmann | | | July 11, 1950 | | |
| b. (Middle) | | | c. (Last) | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | |
| 8. DATE OF BIRTH Nov. 8, 1891 | | 9. AGE (In years last birthday) 58 | | 10. IF UNDER 1 YEAR: Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender | | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | |
| 10b. KIND OF BUSINESS OR INDUSTRY Tavern | | | 12. CITIZEN OF WHAT COUNTRY? | | |

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|---|--|---|--|-----------------------------|--|
| 13a. FATHER'S NAME Christian Kuhlmann | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE | |
|---|--|---|--|-----------------------------|--|

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|--|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I | | 16. SOCIAL SECURITY NO. 493-05-7906 | | 17. INFORMANT'S SIGNATURE OR NAME Roland E. Kuhlmann | |
| | | | | ADDRESS 5746 Giverville | |

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|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mediastinal tumor of undetermined origin | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary insufficiency | | | |
| | | DUE TO (b) | | | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary insufficiency | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 231X | |

22. I hereby certify that I attended the deceased from **7/5/50** to **7/11**, 1950, that I last saw the deceased alive on **7/10**, 1950, and that death occurred at **5:13A.**, from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---|--|
| 23a. SIGNATURE Charles D. ... | | 23b. ADDRESS 3500 N. Grand | | 23c. DATE SIGNED 7/11/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7/13/50 | | 24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery St. County, Mo. | |
| 24d. LOCATION (City, town, or county) (State) | | 24e. FUNERAL DIRECTOR'S SIGNATURE Paschedag-Henke | | ADDRESS 2825 N. GRAND BLVD | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. JUL 12 1950 | | REGISTRAR'S SIGNATURE J. B. Kester | | 25. FUNERAL DIRECTOR'S SIGNATURE Paschedag-Henke | |
| | | | | ADDRESS 2825 N. GRAND BLVD | |

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Wm. Burdette

Signed.....
Student Embalmer

Licensed Embalmer No. *365/3*

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.