

HVS-20143 REV. 11/69
LOCAL REG. NO. 37

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

012197-62

PRIMARY DIST. NO. 70839-039

CERTIFICATE OF DEATH

1. DEATH OCCURRED IN:	a. County Allegheny	b. City or borough Sewickley	2. DECEASED'S MAILING ADDRESS 1233 State Ave. Coraopolis, Penna.
	c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number)		
	d. Full Name of Hospital or Institution (If not in hospital, give street address) Sewickley Valley Hospital		3. VETERAN a. Which War b. Serial No.

4. NAME OF DECEASED (Type or print) Minnie	a. (First)	b. (Middle)	c. (Last) Kuhlman	5. DATE OF DEATH 2 10 1962
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6. WHERE DID DECEASED ACTUALLY LIVE?	a. State Penna.	b. County Allegheny	c. Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in _____ township. <input checked="" type="checkbox"/> No, deceased lived within actual limits of Coraopolis city or borough.
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7. SEX Female	8. COLOR OR RACE White	9. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	10. DATE OF BIRTH 8/23/1892	11. AGE (In years last birthday) 69	If under 1 year Months Days	If under 24 hours Hours Min.
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12. USUAL OCCUPATION (even if retired) Housewife	13. SOCIAL SECURITY NO. None	14. BIRTHPLACE (State or foreign country) Ingram, Penna.	15. CITIZEN OF WHAT COUNTRY? U.S.A.
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16. FULL NAME OF SPOUSE Gus D. Kuhlman	17. MOTHER'S MAIDEN NAME Christina
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18. FATHER'S NAME Conrad Heinlein, Sr.	19. INFORMANT'S NAME AND ADDRESS Gus D. Kuhlman 1233 State Ave. Coraopolis, Pa.
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MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)		INTERVAL BETWEEN ONSET AND DEATH 10 days 3 y
20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c). PART I. Death was caused by: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Art sclerotic Heart Dis</u> DUE TO (c) _____		
21. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 6:15 PM, E.S.T. a. Signature <u>[Signature]</u> M. D. <u>[Signature]</u> b. Address <u>1410 State Ave. Coraopolis, Pa.</u> c. Date signed <u>2-10-62</u>		

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a)			21. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input type="checkbox"/>
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22. a. ACCIDENT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	22. b. DESCRIBE HOW ACCIDENT OCCURRED	22. c. TIME OF ACCIDENT Hour Month Day Year m E.S.T.
22. d. ACCIDENT OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.)	22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 6:15 PM, E.S.T. a. Signature <u>[Signature]</u> M. D. <u>[Signature]</u> b. Address <u>1410 State Ave. Coraopolis, Pa.</u> c. Date signed <u>2-10-62</u>

24. a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24. b. DATE 2/12/1962	24. c. NAME OF CEMETERY OR CREMATORY Coraopolis Cemetery	24. d. LOCATION (City, Boro., Twp., & County) (State) Coraopolis, Allegheny, Penna.
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25. DATE REC'D BY REG. 2-10-62	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR <u>[Signature]</u> 867 5th Ave, Coraopolis, Pa.
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A 70809
B 68

H 4200

L 3

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Pennsylvania, Department of Health, Certificate of Death, Certificate 012197-62, Minnie Kuhlman, died 10 February 1962, in Allegheny County; digital image, "Pennsylvania, Death Certificates, 1906-1966," Ancestry (http://www.ancestry.com), accessed April 2019.