WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

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.

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

Do not use this space.

31614

File No.

Registered No. 8954

1. PLACE OF DEATH

County

Township

City St Louis (No. 2144 Geyer Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Thomas B. McCullough

(a) Residence. No. 2144 Geyer Av St., 23 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21-1927

7. AGE: Years | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 1097 63

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

PARENTS

10. NAME OF FATHER Benj. McCullough

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kirkwood
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Marie Jauder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Benj. McCullough
(Address) 2144 Geyer

15. FILED OCT -7 1927 19 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 6, 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 23d, 1927, to October 6, 1927 that I last saw him alive on October 6, 1927, and that death occurred, on the date stated above, at 10.55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia Secondary

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Pertussis - Rachitis

(duration) yrs. mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. F. Simon, M. D

Oct. 6, 1927 (Address) 1115 Victor Str.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St Marcus Cem

DATE OF BURIAL: Oct 8 1927

20. UNDERTAKER: J. J. Schmitt

ADDRESS: 3934 Russell