

JAN 28 1929

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

Do not use this space.

42445

1. PLACE OF DEATH

County.....St. Louis, Mo...... Registration District No.....1123
Towship.....Central..... Primary Registration District No.....6448 B
City.....Jefferson Barracks Mo. U.S. Veterans' Hospital, Jefferson Brks, Mo...... (Ward)

File No.....
Registered No.....444

2. FULL NAME.....Ernest Culver.

J.R. Wagner, M.D. N.P.
Medical Officer In Charge.

(a) Residence. No.....804 No. Jefferson Ave., St. Louis, Mo.
(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19, 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 8 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)..... Unavailable.
(c) Name of employer..... Unavailable.

9. BIRTHPLACE (CITY OR TOWN)..... Unavailable.
(STATE OR COUNTRY)..... Mississippi.

10. NAME OF FATHER..... Unavailable.

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

12. MAIDEN NAME OF MOTHER..... Unavailable.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Unavailable.
(STATE OR COUNTRY)..... Unavailable.

14. INFORMANT.....H.A. Scott.
(Address).....Medical Officer, U.S. Veterans' Hospital, Jefferson Barracks, Mo.

15. FILED.....Dec. 31 1928
REGISTRAR.....L.C. Obrock, M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 27, 1928

17. I HEREBY CERTIFY, That I attended deceased from December 26, 1928 to December 27, 1928, that I last saw him alive on December 27, 1928, and that death occurred, on the date stated above, at 7:10 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia

CONTRIBUTORY (SECONDARY)

Diabetes Mellitus.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... Unknown.

0 DID AN OPERATION PRECEDE DEATH..... No. DATE OF.....
WAS THERE AN AUTOPSY..... Yes. Autopsy, Physical & Laboratory
WHAT TEST CONFIRMED DIAGNOSIS..... Autopsy, Physical & Laboratory findings
W.B. (Signed)..... F.C. Walsh, Medical Officer, M.D.
19 U.S. Veterans' Hospital, Jefferson Brks

*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 DATE OF BURIAL

Jefferson Barracks Dec 31 1928

20. UNDERTAKER ADDRESS
Reverend - Son 2200 Wash St.

K. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

