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

Do not use this space.

8069

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1002~~ File No. 1721

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis Mo (No. St Anthony Hospt St. ..... Ward)

2. FULL NAME Katharine C McCullough

(a) Residence. No. 2814 Eads St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 - 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	19	1	1	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) Frisco R.R. Co

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Wm. M. McCullough

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Katharine Pyatt

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

14. INFORMANT Wm. M. McCullough
(Address) 2814 Eads Ave.

15. FILED FEB - 5 1929, 19.. Max C. Parkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 4th, 1929, to Feb 4, 1929 that I last saw her alive on Feb 4th, 1929, and that death occurred, on the date stated above, at 5.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia 108

101a 91A

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Acute Endocarditis

(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings

(Signed) John H McGaughan, M.D

, 19 (Address) 2751 Lafayette av

*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 Calvary Cem. DATE OF BURIAL 2-7-1929

20. UNDERTAKER Peetz Bros. ADDRESS 3029 Laf Ave

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.

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1 - 2 p.m. today