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.

APR 27 1931

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

Do not use this space.

File No. 11507

Registered No. 31

1. PLACE OF DEATH

County St Louis — Registration District No. 1160

Township Central — Primary Registration District No. 4470

City University City (No. 537 Warren St. Ward)

2. FULL NAME Katharine Burlly Culbertson

(a) Residence. No. 537 Warren St., 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: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Linn H. Culbertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-6-1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
33	6	4	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: George Burley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Janesville Ohio

12. MAIDEN NAME OF MOTHER: Hattie Richey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Janesville Ohio

14. INFORMANT: George W. Burley
(Address) 537 Warren

15. FILED 3-11, 1931. Lena V. Moeller, D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 3rd, 1931, to Mar 10, 1931 that I last saw her alive on Mar 9, 1931, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108
158

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Erysipelas Faciae

(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

3-10 (Signed) Willis Hall, M. D

, 1931 (Address) 5219 Delmar

*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: Valhalla Cemetery

DATE OF BURIAL: 3-12 1931

20. UNDERTAKER: Alexander & Sons

ADDRESS: 6175 Delmar