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.
3412

1. PLACE OF DEATH

County..... Registration District No. 78

Township..... Primary Registration District No. 1003

City St Louis (No. De Paul Hospital St. ..... Ward)

File No. .....
Registered No. 311

2. FULL NAME Harold Louis Kelly McCullough

(a) Residence, No. 6318 Lenox St. 6 Ward. Wellston
(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) June 27th 1931

7. AGE: Years 1 Months 6 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

FATHER

13. NAME Thos McCullough
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

MOTHER

15. MAIDEN NAME Alice Kelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT Alice Kelly
(ADDRESS) 6318 Lenox St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 10th 1933

19. UNDERTAKER Arthur J. Donnelly Undertaker
(ADDRESS) 2039 Broadway

20. FILED ..... 19..... Mary C. Starkloff
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932 to Jan 8, 1933

I last saw him alive on Jan 7, 1933. Death is said to have occurred on the date stated above, at 7:20 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec 26
Lobar Pneumonia	
Other contributory causes of importance:	
Acute Nephritis	Dec 28

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Gilbert Grady, M. D.
(Address) 1 Edw. Avenue

Jules M Brady
1867 N Union

Fo 4903 1-2