

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

Do not use this space.

AUG 18 1936

28826

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. **791**
1003
Primary Registration District No. Avalon Hotel

File No.....
Registered No. **7391**
St. Ward.....

2. FULL NAME Roberta McCulloch

(a) Residence, No. Avalon Hotel 339 N Taylor Ward. 19

(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 Female 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) Oct 23rd, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 8 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary (retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation. 2 or 3 yrs

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

13. NAME Robert McCulloch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oceola, Mo.

15. MAIDEN NAME Emma Paxton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Thomas E. Powe
(ADDRESS) 4385 McPherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 7-18-36 19.

19. UNDERTAKER Alexander and Sons
(ADDRESS) 6175 Delmar

20. FILED JUL 16 1936 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16th 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-14-36, 19, to 7-16-36, 19, I last saw her alive on 7-15-36, 19. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Myocardial infarction
myocardial pathology
Other contributory causes of importance: no
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

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 no
(Signed) R. M. Miller, M. D.
(Address) 3720 Washington

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.

Mr. K. O. Mueller

~~4-20-17~~

Beaumont Blog

12 To 2.