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.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 4192

Registered No. 1237

1. PLACE OF DEATH

County .....

Township .....

City St. Louis, Mo. (No. Barnard Skin & Cancer Hosp. St. ..... Ward)

2. FULL NAME Henry McCullough

(a) Residence, No. 4033 Camelia St., 10 Ward.
(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: M

4. COLOR OR RACE: W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Stella McC

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 28 1871

7. AGE: Years 65 | Months 10 | Days 27 | If LESS than 1 day, ... hrs. or ..... mins.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: St. Louis Independent Pkg Co.

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: Samuel McC

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Mary Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Stella McCullough 4033 Camelia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE 1-29-37

19. UNDERTAKER (ADDRESS): Thomas Und. Co 3710 N. Grand Blvd.

20. FILED JAN 28 1937 J. F. Briedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1937 to 1-25, 1937

I last saw him alive on 1-25, 1937. Death is said to have occurred on the date stated above, at 1135 p. m.

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

	Date of onset
Meningitis Simple	1-25-37
Ca left antrum	

Other contributory causes of importance:

Exenteration of orbit

Name of operation: excis upper jaw, l. Date of 1-8-37

What test confirmed diagnosis? microscopic Was there an autopsy?

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? No

If so, specify .....

(Signed) Pearson C. Kellogg, M. D.

(Address) 3427 Washington