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.

SEP 10 1937

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

Do not use this space.

28741

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. St. Anthony Hospital St. ..... Ward)

File No. .....

Registered No. 7374

2. FULL NAME William E.McCullough

(a) Residence, No. 5024 Rosa Ave. St., 2 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: Male

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: Florence McCullough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5,1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	3	26	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St.Police Dept.

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 Mo.

FATHER

13. NAME: John A.McCullough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brooklyn New York

MOTHER

15. MAIDEN NAME: Julia Mahan

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

17. INFORMANT (ADDRESS): Mrs.Florence McCulluogh 5024 Rosa Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemt. DATE 8-5-37 19

19. UNDERTAKER (ADDRESS): Arthur J.Donnelly 3840 Lindell Blvd.

20. FILED AUG 4 - 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/1/1937, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 P m.

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

Date of onset

Broncho Pneumonia;
Tumor of Bone (type undetermined);
following fall on icy steps at
5024 Rosa Avenue, while on duty,
Feby.2, 1936, time unknown.

Other contributory causes of importance:

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? Accident Date of injury 2/2/, 1936

Where did injury occur? St.Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Tumor of Bone

Nature of injury Fall on icy steps

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alfred Perry, M.D.

(Address) Deputy Coroner

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