SEP 10 1937

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

Do not use this space.

28944

File No. 7577

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City ST. LOUIS MO. (No. 3634 FLAD AV. St. Ward)

2. FULL NAME BABY McCULLough

(a) Residence, No. 3634 FLAD AV. St., 17 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: MALE

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 1937

7. AGE: Years — Months — Days — If LESS than 1 day, hrs. or 30 min.

OCCUPATION

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

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) ST LOUIS
(STATE OR COUNTRY) MO.

FATHER

13. NAME RAY McCULLOUGH

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) ILL.

MOTHER

15. MAIDEN NAME CATHERINE GREMMELSBACHER

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

17. INFORMANT RAY McCULLOUGH.
(ADDRESS) 3634 FLAD AV.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS Pt & PAULS CEM DATE AUG 11 1937

19. UNDERTAKER E. J. SCHMUD
(ADDRESS) 3125 LAFAYETTE AV.

20. FILED AUG 10 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1937 to Aug 9, 1937, I last saw him alive on Aug 9, 1937. Death is said to have occurred on the date stated above, at 11:30 m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
7 Months	
(Blue baby)	

Other contributory causes of importance:

157

Name of operation Date of

What test confirmed diagnosis? 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?
If so, specify

(Signed) W. Sandbury, M. D.
(Address) 3658 - Lafayette

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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