

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

**24457**  
Do not use this space.

**REC'D AUG 8 1938**

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township New Primary Registration District No. 1002 Registered No. 2962  
 (c) City St. Charles Mo (d) Street No. Yalewood Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

MILES DENNIS CULP 410  
 (a) Residence, No. St Charles mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF nonie Louise Culp  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 - 1879  
 7. AGE YEARS 59 MONTHS 3 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as saw mill, bank, etc. Salesman  
 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) Ohio

FATHER 13. NAME Simon Culp

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

MOTHER 15. MAIDEN NAME Mary Jane Bagger

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

17. INFORMANT (ADDRESS) nonie L Culp  
St Charles mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Charles mo DATE July 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. L. Walton  
Kennett Mo

20. FILED July 24 1938 M. M. Cronoe  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1938  
 22. I HEREBY CERTIFY that I attended deceased from July 16 1938 to July 24 1938.  
 I last saw him alive on July 23 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

hypertension causing uremia Date of onset July 15  
chronic  
3/31  
 Other contributory causes of importance:  
History of heart exhaustion  
prolonged

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Ch. r. Phy. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) O. J. Reigman M. D.

(Address) 1111 Grand Ave

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.

WHILE LIVING WITH OTHERS THIS IS A PERMANENT RECORD

X 14023

St Charles Mo.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**