

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9094

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2577

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5830 Neosho Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Capt. Robert H. McCullough

8. (b) If veteran, name war World War 8. (c) Social Security No. _____

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella McCullough 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 2nd 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Genl. Yardmaster

11. Industry or business retired 1936

12. Name Michael McCullough

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hanrahan

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella McCullough

(b) Address 5830 Neosho Ave.

17. (a) Burial (b) Date thereof 3-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4828 So. Kingshighway

19. MAR 18 1940 (b) J. J. Bunker
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5830 Neosho Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1940 hour 10:25 minute P.M. M.

21. I hereby certify that I attended the deceased from Mar. 4
1940, to Mar. 16, 1940

that I last saw him alive on March 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency Duration 2 wks

Due to Chronic Cardio-Vascular Renal Disease 5 yrs.

Due to _____

Other conditions Generalized Atherosclerosis 5 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Leon C. Haillet (M. D. or other)

Address 1504 So. Grand Blvd. Date signed 3/18/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Leon Hallie

1504 So Grand

Apr 28 28

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 Reinhold H. Lohmann

Licensed Embalmer No. 3395

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.