No. 2
11-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16981

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4459

1. PLACE OF DEATH:

(a) County 9

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~NONE~~ 6111a Pennsylvania
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 32 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County

(c) City or town ST. LOUIS. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 6111A PENNSYLVANIA - AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BEN McCULLOCK 242

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race COL

6. (a) Single, ~~widowed, married,~~ ~~divorced~~ SINGLE

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased UNKOWN (Month) ABT. (Day) 1908 (Year)

8. AGE: Years ABT. 32 | Months | Days | If less than one day hr. min.

9. Birthplace RICKWOOD (City, town, or county) MO. (State or foreign country) U

10. Usual occupation LABORER U

11. Industry or business U

FATHER
12. Name BEN McCULLOCK
13. Birthplace (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name IDA JAMISON
15. Birthplace (City, town, or county) MO (State or foreign country)

16. (a) Informant Brinty McCulloch
(b) Address 6111a Pennsylvania

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 5-22-1940 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Washington Park

18. (a) Signature of funeral director Bennie Lone
(b) Address 3103 Washington Blvd.

19. (a) MAY 20 1940 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1940 hour 3 minute 6 M.

21. I hereby certify that I attended the deceased from May 9th, 1940, to May 17th, 1940, that I last saw him alive on May 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis.

Due to

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

Duration

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

23. Signature Erskine D. Hanson (M. D. or other)
Address 3100 Lucas Ave Date signed 5-19-40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Powell

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

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

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