

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis, 20. A.S. Threassa  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
XXX 20 a S. Theresa  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXX (Specify whether \_\_\_\_\_)  
In this community 44 yrs.  
years, months or days

3. (a) PRINT FULL NAME Charles McCullum. 245

3. (b) If veteran, name war XXX No 3. (c) Social Security No. XXX None

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife deceased unknown 6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased St Louis, Mo. unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
@ 44 hr. min.

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

10. Usual occupation Odd Job laborer.

11. Industry or business Junck Dealer Industry.

12. Name Sam McCullum,

13. Birthplace St Louis, Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Phelps,

15. Birthplace St Louis, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant X Rosie Henderson

(b) Address 20. A.S. Threassa,

17. (a) Burial (b) Date thereof Aug 16th, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Joe J. Sneed

(b) Address 2812, Thomas, St. St. Louis, Mo

19. (a) AUG 13 1940 (b) J. P. Breack  
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St Louis, 18  
(If outside city or town limits, write "RURAL")  
(d) Street No. 20. A.S. Threassa,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 44 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13th,  
year 1940. hour 10:00. minute P. M.

21. I hereby certify that I attended the deceased from Aug 3  
1940 to Aug 13 1940  
that I last saw him alive on August 13  
and that death occurred on the date and hour stated above.

Immediate cause of death E Bronch pneumonia Duration  
5 days.

Due to \_\_\_\_\_  
Due to 115C

Other conditions Acute nephritis 10 days  
(Include pregnancy within 3 months of death)  
following acute tonsillitis

Major findings:  
Of operations staph infection of tonsils PHYSICIAN  
Of autopsy \_\_\_\_\_

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 Jay H. Lane (M. D. or other)  
Address 14064 Olive Date signed 8/14-40

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

MOTHER FATHER

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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.....

*myself*....., Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2256*.....

P. O. Address *2812, Thomas St*.....

**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.**