

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7795

Registrar's No. 657

Registration District No. 704

Primary Registration District No. 701

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town County Hospital Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: C. Hoop  
(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 John Culp

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased April 12 1914  
(Month) (Day) (Year)

8. AGE: Years 27 Months 10 Days 28 If less than one day  
.....hr. ....min.

9. Birthplace Atwood Tennessee /  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Ulysess Culp

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

14. Maiden name Minnie ?

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

16. (a) Informant Mrs. Lucille Culp

(b) Address 4046 Cook

17. (a) JURIAL (b) Date thereof 3-14-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. W. Bruce

(b) Address 103 W. Park

19. (a) MAR 10 1942 (b) J. McArthur  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4046 Cook Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
year 1942 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Gun-shot wound in neck inflicted by Percy Barnett. Duration

Due to Wounds of right neck; Byck shot in neck behind esophagus;

Due to comminuted frac. 3rd & 4th cervical vertebrae; transection

Other conditions of spinal cord; hemorrhage  
(Include pregnancy within 3 months of death)

around base of brain.

Major findings:  
Of operations.....

Of autopsy Yes / 66

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) Homicide

(b) Date of occurrence March 8, 1942

(c) Where did injury occur? 3000 Marshall Ave.  
(City or town) (County) (State)

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

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

23. Signature Louis H. Bopp (M. D. or other)

Address Kirkwood, Mo. 3/9/42 Date signed

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

MCA

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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.....

*Louis H Bopp*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Louis H Bopp*

Licensed Embalmer No. *921*

P. O. Address *Wibwood Mo*

**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; fact should be so stated above.**