

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 days**
In this community **8 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis,** **22 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **1534 Market St.** **9**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Margarette McCullough**

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

4. Sex **Fem** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Willies McCullough** 6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **January 27, 1913**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 **2** **16** hr. min.

9. Birthplace **E. St. Louis** / **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name **Geo. Brockman**
13. Birthplace **Texas**
(City, town, or county) (State or foreign country)
14. Maiden name **Victoria McClain**
(City, town, or county) (State or foreign country)
15. Birthplace **Willies McCullough, Tenn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Willies McCullough**
(b) Address **1534 Market St.**

17. (a) ~~Burial Removal~~ (b) Date thereof **4/19/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **E. St. Louis, Ill.**

18. (a) Signature of funeral director **R. M. C. Green**
(b) Address **3517 LaClede Avenue**

19. (a) **APR 17 1942** (b) **J. F. Bruback**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13,**
year **1942** hour **9** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **March 30,**
1942 to **April 13,** **1942**;
that I last saw her alive on **April 13,** **1942**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** **2 weeks**
Duration:

Due to **107**
Due to **117**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.....
Of autopsy.....
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 **D**

23. Signature **J. W. Johnson** (M. D. or other) **D**
Address **2602 N. Whittier** Date signed **4/16/42**

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

W. B. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Soledad Ave

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.