

FILED JUN 15 1942 *87*

Registration District No. \_\_\_\_\_

Primary Registration District No. 101

Registrar's No. 1243

1. PLACE OF DEATH: St. Louis  
 (a) County St. Louis  
 (b) City or town Clayton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis County Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96  
 (a) State Mo. (b) County St. Louis  
 (c) City or town Wellston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1540 Wellston Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Culbertson  
 3. (b) If veteran, name war unknown  
 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 5  
 year 1942 hour 5 minute 15 p.m.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Charles Culbertson  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Mar. 6 1856  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-2-42  
 to 6-5-42  
 that I last saw her alive on 6-5-42  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Acute Cardiac failure Duration minutes

8. AGE: Years 86 Months 2 Days 30  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Lobar pneumonia 1 wk

9. Birthplace Peoria Ill.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation nil.

Due to \_\_\_\_\_  
 Other conditions Pyelitis 1 wk  
 (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name John Davis  
 13. Birthplace Unknown Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ann Unknown  
 15. Birthplace Unknown Unknown  
 (City, town, or county) (State or foreign country)

Major findings: 108  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Rev. E. Thurman  
 (b) Address 4627 McPherson  
 17. (a) Burial (b) Date thereof 6-8-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wesleyan Church  
 18. (a) Signature of funeral director Charles A. Burtz  
 (b) Address 4457 Washington St.  
 19. (a) JUN 6 - 1942 (b) G. M. Turner  
 (Date received local registrar's certificate) (Registrar's signature)

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 0  
 23. Signature Edward P. Baker (M. D. or other)  
 Address A. Law Co. Wash D.C. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39  
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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*John Kutter*

Licensed Embalmer No. *3880*

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.**