

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30171**
Registrar's No. **8696**

FILED OCT 13 1943 318

Registration District No. **1003**

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County...
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 1/2 Hrs.**
(Specify whether
In this community **38 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4312 Cottage Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

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

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

6. (b) Name of husband or wife **Ethel McCullough** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **Oct 2 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	11	27	hr. _____ min.

9. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **junk dealer**

11. Industry or business _____

12. Name **Lawrence McCullough**

13. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sha Jarrett**

15. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ethel McCullough**

(b) Address **4312 Cottage Ave**

17. (a) **BURIAL** (b) Date thereof **OCT 2 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Jas. H. Harrison**

(b) Address **2906 Taylor Blvd.**

19. (a) **OCT 1 1943** (b) **J. P. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **29**
year **1943** hour **12** minute **53 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Liver
Due to **metastasis**

Due to **H/O**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 **Alfred Perry** (M. D. or other)
Date signed **10/1/43**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *4219th E. Garfield*

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.