

FILED MAY 29 1944

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1142

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 280 North Skinker
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Swartz, Robert J. (Also known as) McCULLOUGH, ROBERT J.

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

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 14, 1894
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Model Maker

11. Industry or business Laclede-Christy

12. Name Richard McCullough

13. Maiden name Sarah Garratt
(City, town, or county) (State or foreign country)

14. Birthplace Unknown, England
(City, town, or county) (State or foreign country)

15. (a) Informant Wm. E. McCullough (bro.)
(b) Address 1357 Westover

17. (a) Burial (b) Date thereof 5-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ss. Peter & Paul Cem Michael J. Croghan

18. (a) Signature of funeral director _____

(b) Address 7146 Manchester Rd

19. (a) MAY 22 1944 (b) R. G. McLawrence, M.D.
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 18th
year 1944 hour 5 minute _____ AM.

21. I hereby certify that I attended the deceased from May 4 1944 to May 18 1944
that I last saw him alive on May 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 2 weeks
Due to Arterio Sclerosis
Heart Disease yrs? 40

Other conditions (include pregnancy within 3 months of death) Pulm. Fibrosis
Major findings: 930
Of autopsy: Calcified Coronary Arteries

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? _____

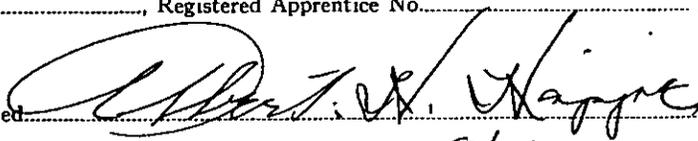
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. C. Russell (M. D. or other) 5/19/44
Address 3720 Washington Date signed _____

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.....



Licensed Embalmer No. 1861.....

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, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Louis } ss.

State File No.
Local Registrar's No. 44-1142

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16th day of June, 1944, before me appears William E
McCullough, who, upon his oath, states that the original record of ~~州務處~~ death
for Robert J. McCullough died 5-18-1944, 19 , in the State of
Missouri, and which was filed at Clayton on 5-22-1944, should be corrected as follows:

Item No. 3 should read Robert J. Swartz (Correct Name) Robert J. McCullough
(Also known under name of)

Instead of Robert J. McCullough

Item No. 7 should read 10-14-1887

Instead of 10-14-1894

Item No. 8 should read 56 yrs. 7 mo. 4 days

Instead of 49 yrs. 7 mo. 4 days

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm. E. McCullough Relationship

1357 Westover U. City, Mo.
Present Address.

Subscribed and sworn to before me this 16th day of June, 1944.

My Commission expires W. E. Brady Notary Public.

My Commission Expires July 19, 1948

SEP 19 1944