

FILED NOV 22 1944

State File No.

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 9616

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5845 Enright ave
(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 Abbie Culver

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

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife Theodore H. Culver

6. (c) Age of husband or wife if alive _____ years (Day) (Year) 1850

7. Birth date of deceased (Month) (Day) (Year) 4 1850

8. AGE: Years Months Days If less than one day
94 7 _____ hr. _____ min.

9. Birthplace Malone New York
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name John Quincy Adams

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary Grey

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

16. (a) Informant Mrs. Upton S. Coudy
(b) Address 5845 Enright ave

17. (a) Burial (b) Date thereof Nov-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A. Mon Loh. Co.
(b) Address 2707 N. Grand Blvd

19. (a) NOV 19 1944 (b) _____
(Date received local registrar) (Registrar's signature)

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. 5845 Enright ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1944 hour 5 minute 00 P M.

21. I hereby certify that I attended the deceased from Jan 1944 to Nov 12 1944
that I last saw her alive on Nov 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
1 Myocarditis
2 Atherosclerosis
Age

Duration
3 years
8 yrs

Due to _____
Due to _____
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 _____

23. Signature J. E. Jones (M. D. or other) _____
Address 5000 Olive St Date signed 11/13/44

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

MOTHER FATHER

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 E Morris*

Licensed Embalmer No. *3360*

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.