

FILED JUN 20 1946
318

Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
20848

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 Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME William McCullough

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

4. Sex Male 2 5. Color or race Cok
6. (a) Single, widowed, married, divorced Div 1946

6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 15 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace BRANCHFOUL TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name FRANK McCallough

13. Birthplace BRANCHFOUL TEXAS
(City, town, or county) (State or foreign country)

14. Maiden name DORA HUMBLE

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

16. (a) Informant Georgia Newson
(b) Address 3735 Page Blvd.

17. (a) EMPHRED (b) Date thereof 6-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EMPHRED, TEXAS

18. (a) Signature of funeral director Wm. S. Peltier

(b) Address 3030 Bell Ave.

19. (a) JUN 7 1946 J. F. Bradock
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1117
(If outside city or town limits, write "RURAL")
(d) Street No. 3735 Page 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1946 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from 5-30 1946 to 6-4 1946
that I last saw him alive on 6-4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypertensive Heart Disease with
De compensation
Duration Unk

Due to _____
Due to _____

Other conditions None
(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) (b) Means of injury 0
23. Signature E. B. Williams (M. D. or other) _____
Address 2601 W. Whites 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 *H. Claude Gordon*
Licensed Embalmer No. *3489*
P. O. Address *4575 Aldine*

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.