S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24760
State File No. 8

Registration District No. 319 Primary Registration District No. 3063 Registrar's No. 1579

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Clayton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 5 hrs 45 min (Specify whether years, months or days)
In this community 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. 4507 Carson Road (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Culp
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm. Henry Culp
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Dec. (Month) 1 (Day) 1901 (Year)

8. AGE: Years 44 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Husband
(b) Address 4507 Carson Rd
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/31/46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Provost Funeral Co.
(b) Address 7840 Natural Bridge
19. (a) 7-30-46 (Date received local registrar) (b) E.D. Mc Gavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1946 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 27, 1946 to July 28, 1946 that I last saw her alive on July 28, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Cardio-vascular disease	
Due to: Hypertension 93 d	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John Koffey (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 V 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.