

S. No. 2
DOM-2-43
ev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **25487**
Registrar's No. **5950**

FILED JUL 22 1946
318

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital 0
(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 **Jannis Voinne McCullough**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **July 2 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 3 hr. min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

MOTHER FATHER

12. Name **Edward B. McCullough**

13. Birthplace **Tenn. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Rieta Supilkowsky**

15. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward B. McCullough**

(b) Address **2816 Brannon Ave.**

17. (a) **Burial** (b) Date thereof **7 6: 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS Peter & Paul Kriegshauser Und. Co.**

18. (a) Signature of funeral director **4228 So. Kingshighway Bl.**

(b) Address _____

19. (a) **JUL 5 1946** (b) **J.F. Bredbeck**
(Date received local registrar) (Registrar's signature)

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. **2816 Brannon Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5th**
year **1946** hour **5** minute **45** A.M.

21. I hereby certify that I attended the deceased from **7/2**, 19**46**, to **7/5**, 19**46**
that I last saw her alive on **7/4**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital Malformation of Heart** Duration **7/2/46**
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **151**

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) (Specify means of injury)

23. Signature **Hubert P. Smith** M. D. or other _____

Address **2205 Chippewa St.** Date signed **7/5/46**

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 *Edwin M. Permitt*.....

Licensed Embalmer No. *3024*.....

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.