S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5917

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 36

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs. 4 mos. 25 das. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5060 Raymond Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROLLA McLOSKEY CULBERTSON
3. (b) If veteran, name war Unknown
3. (c) Social Security No. None
4. Sex Male
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 alive years
7. Birth date of deceased October (Month) 19 (Day) 1884 (Year)
8. AGE: Years 62 Months 3 Days 17 If less than one day hr. min.
9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Civil Engineer
11. Industry or business
FATHER 12. Name Stephen D. Culbertson
13. Birthplace Burgettstown (City, town, or county) Pennsylvania (State or foreign country)
MOTHER 14. Maiden name Mary E. Hess
15. Birthplace Le Claire (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem., St. Louis, Mo.
18. (a) Signature of funeral director Alexander Funeral Home
(b) Address St. Louis, Missouri
19. (a) 2-11-47 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6, year 1947 hour 6 minute 20 A.M.
21. I hereby certify that I attended the deceased from March 6, 1942, to Feb. 6, 1947, 19; that I last saw him alive on Feb. 6, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No 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 Frank J. Nichols (M.D. or other)
Address Farmington, Mo. Date signed 2-7-47.

289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

File Number 242-252

2-21-47

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 Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Mo.

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.