

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39917**
Registrar's No. **10799**

FILED DEC 6 1947 **318**
Registration District No.

Primary Registration District No. **1003**

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

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:
4394 West Pine /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **About 35 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **oav**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4394 West Pine Street** **9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Etta McCullough**
3. (b) If veteran, name war.....
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dennis McCullough**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **Unavailable** **1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt 64 -- -- hr. min.

9. Birthplace **New Boston, Tennessee**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

11. Industry or business.....
12. Name **Andrew Phelps**
13. Birthplace **Unknown, Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Walker**
15. Birthplace **Unknown, Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dennis McCullough**
(b) Address **4394 West Pine Street**
17. (a) **Burial** (b) Date thereof **11/26/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Chas. J. Gates**
(b) Address **1107 Finney Avenue**
19. (a) **NOV 24 1947** (b) **J. F. Brubaker**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **21**
year **1947** hour **10** minute **A. M.**
21. I hereby certify that I attended the deceased from **Oct. 10th** **1947** to **Nov. 21st** **1947**
that I last saw her alive on **Nov. 21st** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hypertensive heart disease 1 Yr.
Due to.....
Due to.....
Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause of 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 place)
(e) Means of injury.....
23. Signature: **W. J. Seaton** (M.D. or other)
Address: **2743a Franklin Ave.** Date signed.....

STATEMENT BY LICENSED EMBALMER

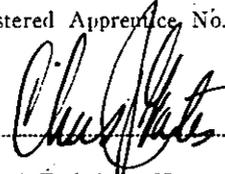
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John K. Cunnigham

Registered Apprentice No. 452

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.