

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 4 1948

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2572

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks, Mo.  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days (Specify whether  
In this community 6 years (years, months or days)

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. 5076 Arlington Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15  
year 1948 hour 7:40 minute \_\_\_\_\_ p. M.

21. I hereby certify that I attended the deceased from  
November 10, 1948 to November 15, 1948  
that I last saw him alive on November 15, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERNEPHROMA WITH METASTASIS TO LUNGS, INVOLVING ALL LOBES Duration Unk.

Due to \_\_\_\_\_ 520  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy Autopsy performed  
(See cause of death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None  
(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? L.E. Stilwell (Specify name of place)  
\_\_\_\_\_ (City or town) (County)

23. Signature L.E. Stilwell (M. D. 20030)  
Chief, Professional Services  
Address VAH, Jeff. Bks. Mo. Date signed 11/16/48

3. (a) PRINT FULL NAME McCULLICK, William

3. (b) If veteran, name war WW-I 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Ruby 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased September 8, 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 52 2 7 hr. min.

9. Birthplace West Millgrove, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business Emerson Electric Company

12. Name Dillon McCullick Ind.

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

14. Maiden name Amelia Liebernz  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 11-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Drehman Harrall Und. Co.

(b) Address 1905 Union, St. Louis, Mo.

19. (a) 11-17-48 (b) Cecil A. C. Sharp, M.D.  
(Date received local registrar) (Registrar's signature)

**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.....

*Albert R. Thompson Jr*

Licensed Embalmer No.....

*4237*

P. O. Address.....

*St Louis*

**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.**