

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28307
State File No. 7671

FILED SEP 12 1949

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 26		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17				
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital				d. STREET ADDRESS (If rural, give location) 3212 N. 11th St				9		
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First)		b. (Middle) W.		c. (Last) MC.CULLOH				
4. DATE OF DEATH Sept. 2, 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced				
8. DATE OF BIRTH Nov 26, 1882		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		11. BIRTHPLACE (State or foreign country) Maryland				
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY U.S.				
13a. FATHER'S NAME Charles Mc Culloh Sr			13b. MOTHER'S MAIDEN NAME Unk			14. NAME OF HUSBAND OR WIFE Mary Mc Culloh				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Grace Graham				ADDRESS Frostburg Maryland		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Paresis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1949		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St. Louis		21d. HOW DID INJURY OCCUR? 025X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Dec. 17, 1945 , to Sept. 2, 1949 , that I last saw the deceased alive on Sept. 2, 1949 , and that death occurred at 10:32a m., from the causes and on the date stated above.						
23a. SIGNATURE R. Hoppe		(Degree or title) M.D.		23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 9/3/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-3-49		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Frostburg Maryland				
DATE REC'D BY LOCAL SEP 5 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe					ADDRESS 4700 Washington Blvd	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.