

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22355
Registrar's No. 1458

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Johns Station</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Johns Station</u> | |
| c. LENGTH OF STAY (in this place) <u>4 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>3421 Charlack</u> | |
| d. TOWN <u>St. Johns Station</u> | | e. CITY (If outside corporate limits, write RURAL and give township) <u>St. Johns Station</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3421 Charlack</u> | | d. STREET ADDRESS (If rural, give location) <u>3421 Charlack</u> | |
| 3. NAME OF DECEASED a. (First) <u>George</u> | | b. (Middle) <u>--</u> | |
| c. (Last) <u>McCullough</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1950.</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>October 28, 1863</u> |
| 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (State or foreign country) <u>Ohio</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Alexander McCullough</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Nuel</u> | 14. NAME OF HUSBAND OR WIFE <u>Carrie S. McCullough</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert A. McCullough 5470 Euclid Ave.</u> |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR | |
| 22. I hereby certify that I attended the deceased from <u>5-29, 1950</u> to <u>6-11, 1950</u> , that I last saw the deceased alive on <u>6-11, 1950</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>James S. Fisher D.O.</u> | | 23b. ADDRESS <u>6201 Lotus - St. Louis Mo</u> | 23c. DATE SIGNED <u>6-12-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/13/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>6-12-50</u> | REGISTRAR'S SIGNATURE <u>Herbert K. Doube</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u> | |

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

6201 Potomac Ave

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 Raeph C Linders

Licensed Embalmer No. 4775

P. O. Address St. Louis, 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.