

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
25025
5962

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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| 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 _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>2 months</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3111 Pine</u> | | d. STREET ADDRESS (If rural, give location) <u>3111 Pine Street</u> | |

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|--|---------|-------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) <u>Leroy</u> | (First) | b. (Middle) _____ | c. (Last) <u>McCuller</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 7-1950</u> |
|--|---------|-------------------|---------------------------|--|

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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>Caucasian</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>Nov 12th 1919</u> | 9. AGE (In Years last birthday) (Months) (Days) (Hours) (Mins.) <u>30</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | 10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u> | 11. BIRTHPLACE (State or foreign country) <u>Sussexville Tenn</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Eaton McCuller</u> | 13b. MOTHER'S MAIDEN NAME <u>Dellar Temple</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>411-12-3200</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dellar McCuller</u> | ADDRESS <u>3111 Pine Street</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| | ANTECEDENT CAUSES DUE TO (b) <u>Subarachnoid Hemorrhage</u> (c) <u>(non-traumatic)</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) (STATE) _____ |
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|---|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>330X</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:36 Am., from the causes and on the date stated above.

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|--|--------------------------------|----------------------------------|
| 23a. SIGNATURE <u>Patrol E Taylor</u> (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>7.11.50.</u> |
|--|--------------------------------|----------------------------------|

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|---|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | 24b. DATE <u>July 4-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale</u> | 24d. LOCATION (City, town, or county) (State) <u>Leroy Missouri</u> |
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|---------------------|--|---|--------------------------|
| DATE RECORDED _____ | LOCAL REGISTRAR'S SIGNATURE <u>J. B. Pasater</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McClain</u> | ADDRESS <u>Paundrell</u> |
|---------------------|--|---|--------------------------|

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

[Handwritten scribble]

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 Leroy W. Gannister

Licensed Embalmer No. 4523

P. O. Address 3880 Eastern Ave

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.