

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31793

State File No. _____

FILED SEP 22 1950

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7771**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 35th Benton	
c. LENGTH OF STAY (In this place) 4 Yrs.		d. STREET ADDRESS (If rural, give location) 3142 Shenandoah	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3142 Shenandoah		11. BIRTHPLACE (State or foreign country) Arkansas	

3. NAME OF DECEASED (Type or Print) a. (First) Jewell b. (Middle) W. c. (Last) Mc Culley		4. DATE OF DEATH (Month) (Day) (Year) Sept 13 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1900
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter	
10b. KIND OF BUSINESS OR INDUSTRY Steam Fitting		11. BIRTHPLACE (State or foreign country) Arkansas	
12. CITIZEN OF WHAT COUNTRY U.S.A.			

13a. FATHER'S NAME Arthur Mc Culley	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Mann	14. NAME OF HUSBAND OR WIFE Amelia Mc Culley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 496 209679	17. INFORMANT'S SIGNATURE OR NAME Amelia Mc Culley	ADDRESS 3142 Shenandoah
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis		
	DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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"/>	21f. HOW DID INJURY OCCUR? H201

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 **3:40 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph W. [Signature]</i>	23b. ADDRESS 1200 Clark	23c. DATE SIGNED 9/14/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9)16)50	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		

DATE REC'D BY LOCAL REG. SEP 14 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Collie's Funeral Home	ADDRESS 10123 St. Charles
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Sheldon Collier

Signed.....

Student Embalmer

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Charles*

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.