

FILED OCT 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32815

1947
2

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 334

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</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 township) OR TOWN <u>Fulton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood 4001</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1</u> | | d. STREET ADDRESS (If rural, give location) <u>Rose Ave</u> | |
| 3. NAME OF DECEASED a. (First) <u>Ben</u> (Type or Print) | | b. (Middle) | |
| c. (Last) <u>McGull</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10 1950</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>black</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>7/9 approx</u> | |
| 9. AGE (In years last birthday) <u>61</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>OK</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>OK</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>OK</u> | |
| 16. SOCIAL SECURITY NO. <u>OK</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>State Hosp Records Fulton Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Paresis</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>025X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE) | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>July 1, 1950</u> , to <u>Oct 10, 1950</u> , that I last saw the deceased alive on <u>Oct 10, 1950</u> , and that death occurred at <u>10:50 pm.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>James R. Hunter, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Fulton Missouri</u> | |
| 23c. DATE SIGNED <u>Oct 10</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>Oct. 14-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Upper Altam Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Alton Illinois</u> | | DATE REC'D BY LOCAL REG. <u>Oct 13-1950</u> | |
| REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Joel Russell</u> ADDRESS <u>1924 Central Ave</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

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.....
Student Embalmer

Signed Joel Russell, 1924 Central Ave

Licensed Embalmer No. 4112

P. O. Address Alton Ill

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.