

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21597**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>2197</u>		
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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>Clayton, RICHMAN HTS.</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 years</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2179		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>17 3933 Blaine Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u> b. (Middle) <u>E.</u> c. (Last) <u>Cullum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 22, 1901</u>		
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 WKS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Whole Cigarettes, Etc.</u>			11. BIRTHPLACE (State or foreign country) <u>Golconda, Illinois</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>William Cullum</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Baldwin</u>		14. NAME OF HUSBAND OR WIFE <u>Zella Gordon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-10-5120</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Zella Gordon, 3933 Blaine Avenue</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>Acute Coronary acc.</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</u> <u>1 yr.</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			420.1		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>				
22. I hereby certify that I attended the deceased from <u>5/14</u> , 19 <u>51</u> , to <u>5/14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/14</u> , 19 <u>51</u> , and that death occurred at <u>12:15 P.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Robert E. Fox, M.D.</u> (Degree or title)				23b. ADDRESS <u>634 N. Grand Blvd</u>		23c. DATE SIGNED <u>5/15/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Libertyville Christian</u>		24d. LOCATION (City, town, or county) (State) <u>Libertyville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-16-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Hospital said

R. Fox will sign

105612 on 7 to 8 Wed,

634 W. Grand.

FRANKLIN 6604.

APR 18 1855

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

Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St. Louis 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.