

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3834

State File No.

No. 300
10-48

FILED OCT 11 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2594

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 township) OR TOWN <u>St. John</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. John 4201</u>	
c. LENGTH OF STAY (In this place) <u>20-yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2940-Kincaid Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2940 Kincaid Avenue</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ura</u> b. (Middle) <u>Webster</u> c. (Last) <u>McCullough</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1952</u>
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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>Oct. 21, 1883</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Leschen Rope Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Blanchard Township, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Alex McCullough</u>	13b. MOTHER'S MAIDEN NAME <u>Emma J. Crawlis</u>	14. NAME OF HUSBAND OR WIFE <u>Clara C. McCullough</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara C. McCullough</u>	ADDRESS <u>2940-Kincaid St. Louis-21</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Breast</u>		
	DUE TO (c) <u>157X</u>		
11. OTHER SIGNIFICANT CONDITIONS (Impaired or abnormal) Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION OR OTHER TESTS AND NO BODY TO BE RETURNED TO FUNERAL HOME FOR EXAMINATION _____	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) _____	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 Feb 5, 1952, to 9/29, 1952, that I last saw the deceased alive on 9/29, 1952, and that death occurred at 3:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. A. W. ...</u> (Degree or title)	23b. ADDRESS <u>3311 5th Brown Rd</u>	23c. DATE SIGNED <u>9/30/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-2-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-30-52</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dombke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blum Ann Bros. Inc.</u>	ADDRESS <u>2504 Woodson Rd. Overland-14, Mo.</u>
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A 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 3454

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 7

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.