

FILED JAN 8 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 3335
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 3335

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4341	
c. LENGTH OF STAY (in this place) 13 years		d. STREET ADDRESS (If rural, give location) 7116 Forsyth Blvd	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7116 Forsyth Blvd.			

3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) Milton c. (Last) CULP.			4. DATE OF DEATH (Month) (Day) (Year) DEC. 28, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH AUG. 26, 1881		9. AGE (in years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Treasurer for Frisco R.R.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Harrison Byron Culp.		13b. MOTHER'S MAIDEN NAME Sarah Ann Work.		14. NAME OF HUSBAND OR WIFE Ida B. Culp.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-07-8838		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida B. Culp; 7116 Forsyth Blvd.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		2 min.	
		ANTECEDENT CAUSES			
		DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 4200		2 yrs	
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"/>	
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 March, 1952, to Dec 28, 1952, that I last saw the deceased alive on Dec. 27, 1952, and that death occurred at 8 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. L. Horner M.D. (Degree or title)		23b. ADDRESS 114 No. Taylor Ave		23c. DATE SIGNED 12-29-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/30/1952		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery, St. Louis, Mo. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG 12-29-52		REGISTRAR'S SIGNATURE Hackett R. D... M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.R. Lupton & Sons; 7233 Delmar Blvd	
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(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.