

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

**44955**

State File No. \_\_\_\_\_

No. 300

EV. 10.48

**FILED JAN 26 1953**

**318**

**1003**

**12049**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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

<b>I. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>  c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute Homer Phillips</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  d. STREET ADDRESS (If rural, give location) <b>821 N. 16th St.</b>	
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<b>3. NAME OF DECEASED</b> a. (First) <b>EMMA</b> b. (Middle) _____ c. (Last) <b>MC CULLEN</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 25, 1952</b>	
<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <b>widowed</b>	<b>8. DATE OF BIRTH</b> <b>May 6, 1892</b>
<b>9. AGE</b> (In years last birthday) <b>60</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>domestic</b>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Augusta, Ark.</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>			

<b>13a. FATHER'S NAME</b> <b>Eddie Wilson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mureal Lunking</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Unknown</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NO</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Viola Smith</b>	<b>ADDRESS</b> <b>821 N. 16th St.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Coronary Thrombosis</b>  <b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b>   _____
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<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>4201</b>	

**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 **11:17 P.M.**, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Patrick L Taylor Chiropractor</b>	<b>23b. ADDRESS</b> <b>1300 Clark Ave.</b>	<b>23c. DATE SIGNED</b> <b>12-30-52</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>removal</b>	<b>24b. DATE</b> <b>12-31-52</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakdale Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Lemay, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>DEC 30 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith MD</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Burks &amp; Southern</b>	<b>ADDRESS</b> <b>3506 Franklin Ave.</b>
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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 myself

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thos J. Yandell

Licensed Embalmer No. 4243

P. O. Address Wabeta Grove

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.