

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9961**
Registrar's No. **2323**

FILED MAR 25 1954

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.		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) St. Louis, Mo.		c. CITY OR TOWN Ballwin 4740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		e. STREET ADDRESS (If rural, give location) Route 1	
3. NAME OF DECEASED (Type or Print) a. (First) Ida		b. (Middle) Beatrice	
c. (Last) Knowles Culp		4. DATE OF DEATH (Month) (Day) (Year) 3 11 54	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 18, 1883
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (City and State or Foreign Country) Wabash County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unk Knowles.		13b. MOTHER'S MAIDEN NAME unk	
14. NAME OF HUSBAND OR WIFE Roy Milton 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John C. Ashton; St. Louis, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction ANTECEDENT CAUSES DUE TO (b) arteriosclerotic heart disease DUE TO (c) polycystic kidney disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. congenital	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200		22. I hereby certify that I attended the deceased from Mar. 11, 1954 , to Mar. 11, 1954 , that I last saw the deceased alive on Mar. 11, 1954 , and that death occurred at 2:45 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE <i>Carl Smith, M.D.</i>		23b. ADDRESS Barnes Hospital	
23c. DATE SIGNED 3/11/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3/13/1954		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,	
DATE REC'D BY LOCAL REG. MAR 12 1954		REGISTRAR'S SIGNATURE <i>Carl Smith</i> mjb (Licensed Embalmer's Statement on Reverse Side)	

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

5-10

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.....
Signature of Student Embalmer

Signed Clarence A. Murray

Licensed Embalmer No. 4010

P. O. Address St. Louis,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.