

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **1800**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY City		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		STREET ADDRESS (If rural, give location) 1171 Hodiament Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) Humbert c. (Last) MCCULLOH		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 24, 1955	
5. SEX M.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 14, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Automobile	9. AGE (In years last birthday) 71
11. BIRTHPLACE (City and State or Foreign Country) Garden Plains, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W. McCulloh		13b. MOTHER'S MAIDEN NAME Anna Turner	
14. NAME OF HUSBAND OR WIFE (dv) Theodora McCulloh		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	
16. SOCIAL SECURITY NO. 489-14-4845		17. INFORMANT'S SIGNATURE OR NAME Theodora A. McCulloh ADDRESS 1171 Hodiament	
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) Acute Pulmonary Edema + Congestive heart failure ANTECEDENT CAUSES rt pneumonectomy Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) rt pneumonectomy DUE TO (c) Carcinoma (mucoepidermoid) rt lung II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 2/15/55		19b. MAJOR FINDINGS OF OPERATION 2 1/2 x 3 1/2 cm tumor mass in rt main stem bronchus.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? 163X		22. I hereby certify that I attended the deceased from 2-14-55 , 19____, to 2-24-55 , 19____, that I last saw the deceased alive on 2-24-55 , 19____, and that death occurred at 5:45A m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Olson J. Hault MD		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 2-24-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Feb. 26, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons Inc. 6175 Delmar	
DATE REC'D BY LOCAL REG. FEB 25 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Geo. E. McCulloch

Licensed Embalmer No. *246*

P. O. Address *6175 Rd*

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.