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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38573**
Registrar's No. **9988**

FILED NOV 23 1955

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

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|---|-----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY OR TOWN St. Louis | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp. | | f. STREET ADDRESS (If rural, give location) 4614 South Compton Avenue | |

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| 3. NAME OF DECEASED (Type or Print) JAMES JEREMIAH McCullough | a. (First) | b. (Middle) | c. (Last) | 4. DATE (Month) (Day) (Year) 11 14 55 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 9.9.1880 | 9. AGE (In years last birthday) 75 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, if required) Penn. Switchman | 10b. KIND OF BUSINESS OR INDUSTRY R.R. | 11. BIRTHPLACE (City and State or Foreign Country) Hyde Park, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Myrtle Tucker | | |

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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Myrtle McCullough | ADDRESS 4614 So. Compton |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema | | 1 hr |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200 | | |
| ANTECEDENT CAUSES | | DUE TO (b) Coronary occlusion 12 hrs | |
| | | DUE TO (c) Arteriosclerotic heart disease 4 yrs. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4200 of fresh sm 2 mm coronary artery | 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) | 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 **11.14.55**, 19___ to **11.14.55**, 19___, that I last saw the deceased alive on **11.14.55**, 19___, and that death occurred at **11:30 AM**, from the causes and on the date stated above.

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| 23a. SIGNATURE L.R. Sheridan, M.D. (Degree or title) | 23b. ADDRESS 1755 So. Grand Blvd | 23c. DATE SIGNED 11-15-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE Nov. 17, 1955 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery |
| DATE REC'D BY LOCAL REG. NOV 16 1955 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderle | | ADDRESS 3634 Gravois Ave. |

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..... *Robert Wheeler*
Licensed Embalmer No. *212*
P. O. Address *Hampton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.