

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43471**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10828**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 yr. 5 mo.</b>		e. STREET ADDRESS (If rural, give location) <b>313 Elm St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hosp.</b>		• ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha E.</b> b. (Middle) <b>Mc</b> c. (Last) <b>Cullough</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-25-56</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>3-? 1869</b>
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>? Muskopf</b>	
13b. MOTHER'S MAIDEN NAME <b>unk.</b>		14. NAME OF HUSBAND OR WIFE <b>C.W. Mc Cullough</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Chronic Hospital Records</b>		ADDRESS _____	

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		INTERVAL BETWEEN ONSET AND DEATH. <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Arteriosclerotic Heart Disease</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>420.0</b>	

19a. DATE OF OPERATION <b>11-25-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>d. ...</b>	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 **11-25-56**, 19**56**, to **11-25-56**, 19**56**, that I last saw the deceased alive on **11-25-56**, 19**56**, and that death occurred at **8:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John Neederwinn, M.D.</b>	(Degree or title)	23b. ADDRESS <b>5800 Arsenal St.</b>	23c. DATE SIGNED <b>11-26-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>	24b. DATE <b>11-28-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
DATE REC'D BY LOCAL REG. <b>NOV 27 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank O'Donnell</b>	ADDRESS <b>5600 Arsenal St.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

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**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..

Not embalmed      Cremated by City

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.