

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1958

STATE FILE NUMBER 8792
318 1003 Registrar's No. 735

Registration District No. 318 Primary Registration District No. 1003

300
-57

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ELDON</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>35 VET ADM HOSPITAL</u>		Length of stay in lb <u>14 DAYS</u>	
d. STREET ADDRESS <u>3/ GENERAL DELIVERY</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LILE B CULLEN</u>			4. DATE OF DEATH Month Day Year <u>1-19-58</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>1-6-06</u>
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>LINN CREEK, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ALVIN CULLEN</u>	
13b. MOTHER'S MAIDEN NAME <u>ALICE FERGUSON</u>		14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <u>YES WW 2</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT Address <u>VA HOSP RECORDS 915 N GRAND ST LOUIS MO.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MALIGNANT HYPERTENSION</u> DUE TO (b) <u>MALIGNANT NEPHROSCLEROSIS</u> DUE TO (c) <u>-</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>445 x</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 Mo.</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>NONE</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from <u>1-5-58</u> to <u>1-19-58</u> and last saw <u>him</u> on <u>1-19-58</u> Death occurred at <u>9:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>H. Westphaelinger, M.D.</u>	
22b. ADDRESS <u>VAH. ST. LOUIS, MO.</u>		22c. DATE SIGNED <u>1-20-58</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>REMOVED</u>		23b. DATE <u>1/22/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>WESTPHAELINGER, M.D. National Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Jeff. Bks. Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Edward Fendler 5611 South Grand Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 21 '58</u>	
26. REGISTRAR'S SIGNATURE <u>Carol Smith MD</u>		27. REGISTRAR'S SIGNATURE <u>MSB</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Stephen J. Jolley Jr*

Licensed Embalmer No. *4950*

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.