

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026871
STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6878

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | Length of stay in lb 1 month | d. STREET ADDRESS (If outside, give location) 3861a St. Louis Avenue Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Joseph Middle F. Last Culliton Sr. | | | 4. DATE OF DEATH Month July Day 8 Year 1958 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH January 25, 1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bartender | | 10b. KIND OF BUSINESS OR INDUSTRY Palmer's Tavern | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri. |
| 13a. FATHER'S NAME James Culliton | | 13b. MOTHER'S MAIDEN NAME Mary Sweeney | 14. NAME OF HUSBAND OR WIFE deceased |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW I | | 16. SOCIAL SECURITY NO. 494-09-2999 | 17. INFORMANT Address Miss Ann L. Culliton, 3861a St. Louis Avenue |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE FROM CARCINOMA, PHARYNX & TONGUE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CARCINOMA OF TONGUE & PHARYNX DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 199.2 | | | INTERVAL BETWEEN ONSET AND DEATH 4 HOURS 2 years. |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from June 19, 1956 to JULY 8, 1958 and last saw him alive on JULY 8, 1958 Death occurred at 6:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W B Watkins, M.D. (Degree or title) | | 22b. ADDRESS 3720 WASHINGTON AV. ST LOUIS MO. | 22c. DATE SIGNED July 10, 1958 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 7-11-58 | 23c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri. |
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc. 2161 E. Fair | | 25. DATE RECD. BY LOCAL REG. JUL 10 '58 | 26. REGISTRAR'S SIGNATURE Carl Smith MO m & B |

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 *Clement M. Neary*

Licensed Embalmer No. *3732*

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.