

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

**AUG 28 1941**

**1003**

Registrar's No. **5473**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5516 Maple Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community **58 years** / (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5516 Maple Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MARY ELIZA CULBERTSON**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Stephen D. Culbertson** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 7, 1850**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**90 8 24** hr. min.

9. Birthplace **Le Claire Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business \_\_\_\_\_

12. Name **Isaac Hess**

13. Birthplace **Lancaster County, Pa.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah Burchard**

15. Birthplace **Near Wilmington, Delaware**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bonnelia M. Culbertson**

(b) Address **5516 Maple Ave.**

17. (a) **burial** (b) Date thereof **7/3/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem.**

18. (a) Signature of funeral director **Alexander + Sons, Inc.**

(b) Address **6175 Delmar Bldg.**

19. (a) **JUL 2 1941** (b) **J. T. Prebeck**  
(Date of local health officer's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1<sup>st</sup>**  
year **1941** hour **13** minute **35** P.M.

21. I hereby certify that I attended the deceased from **June 27<sup>th</sup>**  
**1941** to **July 1<sup>st</sup>** 1941;  
that I last saw her alive on **July 1<sup>st</sup>** 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia, heat stroke, senility** Duration **4 days**  
Due to **Heat stroke**

Due to **Senility**  
Other conditions **Shoulder 2 yrs. Bedridden**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence **NO**  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Maudie Bartlett** (M. D. or other) **NO**  
Address **310 No. Skinker Bl.** Date signed **7/3/41**

11-24-12-30-20  
after 6.

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Joseph E. McCulloch*  
Licensed Embalmer No. *2460*

P. O. Address *6125 Delma*  
*St. Louis, MO*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**