

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31854**
Registrar's No. **8601**

FILED OCT 28 1942

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME **David Franklin Culbertson**

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

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rita** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **Aug, 6th 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 10 hr. min.

9. Birthplace **Edwardsport, Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Attorney**

11. Industry or business.....

MOTHER FATHER
12. Name **Col. James L. Culbertson**
13. Birthplace **Unknown, Ind.**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Sylvester**
15. Birthplace **Unknown, Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rita Culbertson**
(b) Address **Vincennes, Ind.**

17. (a) **Removal** (b) Date thereof **10-16-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Vincennes, Ind.**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**
(b) Address **4700 Washington Blvd.**

19. (a) **16 1942** (b) **J.F. Bredich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Indiana** (b) County **Knox**
(c) City or town **Vincennes**
(If outside city or town limits, write "RURAL")
(d) Street No. **601 No. 6th St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **L**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **16**
year **1942** hour **2:55** minute **A** M.

21. I hereby certify that I attended the deceased from **Oct 16 1942**
2 1942 to **Oct 16 1942**
that I last saw him alive on **Oct 16 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary artery arteriosclerosis with myocardial infarction**
Due to **Arteriosclerosis**

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
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.....
(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 **J.P. Martin** (M.D. or other)
Address **BARNES HOSPITAL** Date signed **10-16-42**

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 _____

Licensed Embalmer No. 2971

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