

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38620

BIRTH NO. 39760-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. 10498
Registrar's No. 10498

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) township) <u>5 MOS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>3955 Washington</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Luellen</u>		c. (Last) <u>Culbertson</u>	4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>5,</u> (Year) <u>1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 27, 1949</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Columbia Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William A. Culbertson</u>		13b. MOTHER'S MAIDEN NAME <u>Jolora Jean Culbertson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jolora J Culbertson</u> ADDRESS <u>3955 Washington</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4.00</u>
	ANTECEDENT CAUSES Morbid 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. <u>None</u>				
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1590</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>3rd fl</u>			
22. I hereby certify that I attended the deceased from <u>11:4</u> <u>19 49</u> , to <u>12:5</u> , <u>19 49</u> , that I last saw the deceased alive on <u>12:5</u> , <u>19 49</u> , and that death occurred at <u>5:00 p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Ernest Danker M.D.</u>			23b. ADDRESS <u>General Hosp. St. Louis</u>		23c. DATE SIGNED <u>12/6</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Pk. Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, MO</u>		
DATE REC'D BY LOCAL REG. <u>DEC 6 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Slocater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Alexander & Sons 617 5 Delmas</u> ADDRESS		

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
Student Embalmer

Signed Jas E McCulloch

Licensed Embalmer No. 2460

P. O. Address St. Louis Mo

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.