

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42394

State File No. ....

11198

FILED JAN 7 1950

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		a. STATE <i>Missouri</i> b. COUNTY <i>000</i>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3115 Franklin</i>		d. STREET ADDRESS (If rural, give location) <i>27-3115 Franklin ave</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Marshall</i>	b. (Middle)	c. (Last) <i>Cullers</i>	4. DATE OF DEATH (Month) (Day) (Year)
				<i>12 23 49</i>

5. SEX <i>m.</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>12-28-1872</i>	9. AGE (In years last birthday) <i>77</i>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
------------------	------------------------------	---	------------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Janitor</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Fayette / miss</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
--	-----------------------------------	---	---

13a. FATHER'S NAME <i>Bill Cullers</i>	13b. MOTHER'S M maiden NAME <i>Bue Pree</i>	14. NAME OF HUSBAND OR WIFE <i>Dead</i>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Sarah Boose</i>	ADDRESS <i>3130 Franklin</i>
--	-------------------------	--	------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES		
	DUE TO (b) <i>Cranial Sclerosis</i>		
	DUE TO (c) <i>Vertebral Sclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		<i>4/201</i>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4201</i>
---	--	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *12:48* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Walter P. ...</i>	(Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>12/29/49</i>
-------------------------------------	-------------------	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>12-29-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>OAKDALE</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <i>DEC 29 1949</i>	REGISTRAR'S SIGNATURE <i>J. B. Basater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Gustowc</i>	ADDRESS <i>2930 Dickson St</i>
---	--	---	--------------------------------

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

2124

**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 *Arthur L. Helliard* .....

Licensed Embalmer No. *4221* .....

P. O. Address *4049 St Ferdinand* .....

**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.**