

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2400**
Registrar's No. **668**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 668		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2234				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		d. STREET ADDRESS (If rural, give location) 2820 RUSSELL		
d. FULL NAME OF HOSPITAL OR INSTITUTION MARION HOSPITAL				d. STREET ADDRESS (If rural, give location) 2820 RUSSELL				
3. NAME OF DECEASED (Type or Print) MARY			a. (First) _____		b. (Middle) CULBERTSON		c. (Last) _____	
4. DATE OF DEATH JAN. 19 1950		Month _____ Day _____ Year _____		5. SEX FEMALE		6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLED		8. DATE OF BIRTH MAY 6, 1874		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR 8 MONTHS 13 DAYS		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME WILLIAM CULBERTSON		13b. MOTHER'S MAIDEN NAME RUTH JOHNSON		14. NAME OF HUSBAND OR WIFE _____				
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 MRS. HELEN BESTE ADDRESS ST. CHARLES, MO				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) stroke ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) corp DUE TO (c) Chronic of liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 3810 (STATE) _____		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? _____						
22. I hereby certify that I attended the deceased from Jan 9 , 1950, to Jan 19 , 1950, that I last saw the deceased alive on Jan 18 , 1950, and that death occurred at 12 m. , from the causes and on the date stated above.								
23a. SIGNATURE Dr. J. E. Byrne (Degree or title) _____				23b. ADDRESS 27524 Cherokee		23c. DATE SIGNED 1-21-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE JAN 23 1950		24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL REG. JAN 22 1950		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuti ADDRESS 2906 ...				

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

In Presence:

2757 - 4000

*12 PM
7a 0244*

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 *Leo J. Budder* _____

Licensed Embalmer No. *3989* _____

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.