

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25571

State File No.

FILED AUG 9 1951
BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2761

1. PLACE OF DEATH a. COUNTY St Louis <i>400²₃</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton Times Beach <i>74</i>		c. CITY (If outside corporate limits, write RURAL and give township) Times Beach Eureka	
c. LENGTH OF STAY (in this place) D.O.A		d. STREET ADDRESS (If rural, give location) 230 Grove 4740	
d. FULL NAME OF HOSPITAL OR INSTITUTION 230 Grove St Louis Co. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Fred	b. (Middle) O	c. (Last) Culli	4. DATE OF DEATH (Month) (Day) (Year) July 22, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-3-1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ashley, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Peter Culli	13b. MOTHER'S MAIDEN NAME Kate NIEDERHOEFER	14. NAME OF HUSBAND OR WIFE Louise Culli
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 497-01-3416	17. INFORMANT'S SIGNATURE OR NAME Louise Culli.	ADDRESS Times Beach
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution- suffered after coming in contact with a live electric wire near his home		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 69145		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 400 46	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Eureka St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/22/51 9:34 a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Came in contact with live electric wire after storm
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ernest J. Willmann, Croner.	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 7/25/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/26/51	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) Afton, Mo.
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DATE REC'D BY LOCAL REG. 7-25-51	REGISTRAR'S SIGNATURE Hubert P. Lonka MD	25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons	ADDRESS 7027 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Neville B. Prohwitter*

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *7027 Harris*

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.