

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25682
6239

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY 2129	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (In this place) 1-day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			d. STREET ADDRESS (If rural, give location) 12 5101 Delmar Blvd.		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Robert	b. (Middle) S.	c. (Last) Culkin	(Month) June	(Day) 30,	(Year) 1952

5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2	8. DATE OF BIRTH Unk. Unk. 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
----------------	------------------------	--	------------------------------------	---------------------------------------	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Orderly		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
--	--	-----------------------------------	--	--	--	--------------------------------------	--

13a. FATHER'S NAME Thomas Culkin		13b. MOTHER'S MAIDEN NAME Margaret Creeley		14. NAME OF HUSBAND OR WIFE Louise Culkin	
-------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War # 1		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Celeste Weber, 5956 Pershing Ave.		ADDRESS	
---	--	-------------------------	--	---	--	---------	--

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)		Heat Stroke					
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		Cardiac Hypertrophy					
		DUE TO (c)					
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 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) (STATE)	
--	--	--	--	---	--

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? 4343F	
--	--	--	--	-------------------------------------	--

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 4401 m., from the causes and on the date stated above.

23a. SIGNATURE Gabriel S. Taylor, Counsel		(Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7.1.52	
--	--	-------------------	--	----------------------------	--	----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 2, 1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
---	--	---------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 1 1952		REGISTRAR'S SIGNATURE Charles Smith, M.D.		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	
---	--	--	--	--	--	-------------------------------	--

283 (Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Wm S. Baker*

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.