

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

14116

1. PLACE OF DEATH

County..... Registration District No. *2411*
Township..... Primary Registration District No. *1*
City *St. Louis* (No. *Christian Hospital*) St. Ward)

File No.
Registered No. *3447*
St. Ward)

2. FULL NAME

Jane McCullen
(a) Residence, No. *2607 N. 10th* St. *26* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *-*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 16-1869*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *-*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo 1*

13. NAME *Frank McCullen*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland 15*

15. MAIDEN NAME *Mary Cherry*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *Judith McCullen* (ADDRESS) *2607 N. 10th St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cabarrs* DATE *Apr 11 32*

19. UNDERTAKER *Arthur F. Co* (ADDRESS) *2707 N. Grand St.*

20. FILED *8 1932* *May E. Stanley* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/7* 19 *32*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 25th* 19 *32* to *April 7th* 19 *32*
I last saw him alive on *April 6th* 19 *32*. Death is said to have occurred on the date stated above, at *8 A.m.*
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism
1816 St. Louis
1803 St. Louis
1803 St. Louis
1803 St. Louis

Other contributory causes of importance: *Fractured Rt. Femur*

Jan. 16th 1932 - due to fall in bath tub at residence.

Name of operation *None* Date of *-*
What test confirmed diagnosis? *X-Ray* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *1/16, 1932*

Where did injury occur? *6703 Seaford Blvd*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *In home*

Manner of injury *Fell in bath tub*
Nature of injury *Fractured neck of rt. femur*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *-*

(Signed) *Edwin J. Froehel* M. D.
(Address) *3635 W. Northrup Ave*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

