

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

Do not use this space.

14244

1. PLACE OF DEATH

County Registration District No. 701

Township Primary Registration District No.

City St. Louis (No. City Hospital)

File No.

Registered No. 3580

St. Ward)

2. FULL NAME

(a) Residence, No. 5-454 Thrush Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 - 1861

7. AGE YEARS 71 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. or min.

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

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) X 1920 11. Total time (years) spent in this occupation X

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

13. NAME James Cullen

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Quinn

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

17. INFORMANT Hospital information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Catharin DATE Apr 13, 1932

19. UNDERTAKER Quadamir & Sons (ADDRESS) 8234 1/2 St. St.

20. FILED APR 12 1932 W. C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25th 1932 to April 10th 1932

I last saw him alive on April 10th 1932 Death is said to have occurred on the date stated above, at 8:08 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertrophied prostate
Hypostatic pneumonia
1932

Other contributory causes of importance:

1110 137 1

Date of onset

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

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

(Signed) W. Schuman M. D.
(Address) City Hospital

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.

RECORDING INK—THIS IS A PERMANENT RECORD

Handwritten signature or name, possibly "H. H. ...".

Handwritten signature or name, possibly "C. ...".