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

Do not use this space.

27355

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No.

Township — Primary Registration District No. 6248 H — Registered No. 150

City Richmond Heights (No. St. Marys Hospital St. Ward)

2. FULL NAME John Joseph Kilcullen

(a) Residence, No. 3454 Shenandoah Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

SEP 27 1932

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mary Kilcullen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 19th, 1869

7. AGE — Years: 63 — Months: 6 — Days: 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 182
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): Ireland

FATHER

13. NAME: (Unknown) Kilcullen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT: Mae Kilcullen
(ADDRESS) 3454 Shenandoah Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: August 6, 1932

19. UNDERTAKER: Keick Bros.
(ADDRESS) 2201 S. Grand Boulevard

20. FILED 8/4 1932 C. L. Jensen
Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1932 to Aug. 3rd 1932

I last saw him alive on Aug 3 - 1932. Death is said to have occurred on the date stated above, at 9:45 P.M.

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

	Date of onset
Obstruction of the bowels — with severe toxaemia	days (?)
126.0 / 126.8 / 126.8	
Other contributory causes of importance: Phlegmonous Cholecystitis (acute) with Gall Stones	days (?)

Name of operation: Enterostomy (1) Date of: Aug 3 1932

What test confirmed diagnosis? Operation 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) Louis Passeau, M. D.
(Address) 318 University Club Bldg.

[illegible]
[illegible] Club
2 - 3 PM