

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.

FEB 21 1935

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

Do not use this space.

3495

1. PLACE OF DEATH

County.....

Registration District No. *1003*

Township.....

Primary Registration District No. *1003*City *St. Louis*(No. *1401*)*Blair an*

File No.....

Registered No. *802*

St.

Ward)

2. FULL NAME *George James Cullen*(a) Residence, No. *1401 Blair*St. *25*

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. *8* mos. *3* 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 18-34*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*8**5*

OCCUPATION

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

none

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*

FATHER

13. NAME *George Cullen*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

MOTHER

15. MAIDEN NAME *Frances Kurzinski*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*17. INFORMANT (ADDRESS) *George M. Cullen*
1401 Blair an

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Matthews*DATE *Jan 23 35*19. UNDERTAKER (ADDRESS) *W. G. Mayall*
*1926 E. Allen an*20. FILED *N 23*

19

19

Registrar. *J. Bredeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 22 1935*

22. I HEREBY CERTIFY That I attended deceased from

, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *4 A.* m.

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

Bronchial Pneumonia Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) *Harold J. DeWitt*

M. D.

1/22/35 (Address) *Dyffor*

