

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.

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

Do not use this space.

1 JUL 27 1935

24282

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033
 City Pine Lawn Mo. (No. 3718 Jennings Road, St. _____ Ward) _____

File No. _____
 Registered No. 173

2. FULL NAME Margret Kathryn Kullorn.

(a) Residence, No. 6103 Grimshaw Ave., St. _____ 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) July 8, 1935.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min. 2 hrs.

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. g
 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) Missouri

FATHER 13. NAME Anthony Kullorn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Margaret Mary Montgomery.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Anthony Kullorn
 (ADDRESS) 6103 Grimshaw Ave.,

18. BURIAL, CREMATION, OR REMOVAL St. Ferdinand Cem. DATE July 9/35.

19. UNDERTAKER Jos. W. Clark
 (ADDRESS) 1125 Hodiamont Ave.,

20. FILED 9-9-35 H. A. Baehmer
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8/35. 19

22. I HEREBY CERTIFY, That I attended deceased from July 8 1935 to July 8 1935
 Last saw him alive on July 8 1935. Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Premature birth, female, twin, approximately 1/2 months utero.

Date of onset _____

Other contributory causes of importance: Inanition, premature birth.

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) John B. Quinn, M. D.
 (Address) 3718 Jennings Rd

7/8/35

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