

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

Do not use this space.

**1. PLACE OF DEATH**

**FEB 8 1937 791**  
Registration District No. **1003**

3380  
**412**

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

County \_\_\_\_\_

Registration District No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

City St. Louis, Mo.

No. De Paul Hospital

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Miss - Mary Ann Kilcullen

(a) Residence. No. 4022 Flora St. 17 Ward. 1  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

White

Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1937

17.

I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to Jan 10 1937 that I last saw her alive on Jan 10 1937 and that death occurred, on the date stated above, at 13 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma - Bladder  
Neurosis

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 25 1870

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

65 66

3

16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housework 230

(b) General nature of industry, business, or establishment in which employed (or employer). At Home

(c) Name of employer

CONTRIBUTORY (SECONDARY)

53 B

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) Saint Louis  
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. J. [Signature] M. D.  
110 1937 (Address) Union Club Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

10. NAME OF FATHER John Kilcullen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Bridget Glenn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ireland

14. INFORMANT Hannah Kilcullen  
(Address) 4022 Flora Place

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary Cemetery

Jan. 13<sup>th</sup> 37

15. FILED JAN 11 1937 J. Bredeck  
REGISTRAR

20. UNDERTAKER

Thos G. Finnan

ADDRESS 1519 So Grand

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.

96  
229

Sumner