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

Do not use this space.

File No. 3447

Registered No. 479

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County 96

Township

City 30 St. Louis (No. St. John's Hospital St. Ward)

2. FULL NAME Hugh Cullen,

(a) Residence, No. 4105 Laclede Ave. St., 19 Ward. 1 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	56	3	19	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 246

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo. 1

FATHER

13. NAME Hugh Cullen

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 15

MOTHER

15. MAIDEN NAME Elizabeth Rigney

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 15

17. INFORMANT Mr. Frank Cullen
(ADDRESS) 3852 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Jan. 13, 1937

19. UNDERTAKER CULLINANE BROS.
(ADDRESS) 4200 GRAND BLVD.

20. FILED JAN 12 1937, 19 J. S. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1937, to Jan 11th, 1937

I last saw him alive on Jan 10th, 1937. Death is said to have occurred on the date stated above, at 3am m.

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

	Date of onset
Broncho-Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Usual Was there an autopsy? No.

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. J. Gallagher, M. D.

(Address) Missouri Theatre Bldg.

MARGIN RESERVED FOR BINDING
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.
V. S. No. 2
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