

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

Do not use this space.

SEP 10 1937

29019

1. PLACE OF DEATH
 County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **Park Lane Hospital**) St. Ward) **7652**

2. FULL NAME **William Patrick Cullen**

(a) Residence, No. **4126a Lee Ave.** St. **10** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 11, 1877**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	60	5	0	

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

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 **James Cullen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

MOTHER

15. MAIDEN NAME **Ann McGown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

17. INFORMANT **Mrs. Genevieve Cullen**
 (ADDRESS) **4126 A LEE AVE**

18. BURIAL, CREMATION, OR REMOVAL **Calvary** **8/14/37**
 PLACE DATE

19. UNDERTAKER **Stroot Carroll Undertaking Co.**
 (ADDRESS) **4000 Natural Bridge Ave**

20. FILED **1937** **J. Bredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 11, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 21, 1937** 19.....
 I last saw h. Death is said to have occurred on the date stated above, at **July 11, 11:20 a.m.**
 The principal cause of death and related causes of importance were as follows:
Carcinoma Rectum
 Date of onset

Other contributory causes of importance:
Obstructed Intest

Name of operation **Molexer Resection** 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 **Yes, J. Smith** M. D.
 (Signed) **J. Smith** M. D.
 (Address) **4930 Fiddle St**

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.

157-15-2-825-10

