

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

35972  
Do not use this space.

**NOV 15 1937**

1. PLACE OF DEATH  
 (a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **Desloge Hospital** Registered No. **9549**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Martin J. Cullen**  
 (a) Residence, No. **4133 Sarpy Ave.** St. **18**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 **Catherine Cullen**  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 6, 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**50 3 5**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Hauling Business**  
 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.**

FATHER  
 13. NAME **Michael Cullen**

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

MOTHER  
 15. MAIDEN NAME **Margaret Brett**

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

17. INFORMANT **Catherine Cullen**  
 (ADDRESS) **4133 Sarpy Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Calvary Cem.** DATE **10-15**, 19**37**

19. FUNERAL DIRECTOR **Kriegshauser Mortuaries**  
 (ADDRESS) **4228 So. Kingshighway**

20. FILED **OCT 13 1937** **J. Brudick**  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-11**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 8**, 19**37**, to **Oct 11**, 19**37**.  
 I last saw him alive on **Oct 11**, 19**37**. Death is said to have occurred on the date stated above, at **9:35 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Cancer of rectum**  
 Date of onset

Other contributory causes of importance:

Name of operation **Colostomy** Date of **8-187**  
 What test confirmed diagnosis **Biopsy** Was there an autopsy? **yes**

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. M. Madryne**, M. D.  
 (Address) **1215 Madison Ave.**

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.

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W.K. McIntyre

ms Theodor Rldg. 4-6

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Edwin M. Dermott*

Licensed Embalmer No. 3024

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**